

Student Name: _____

Parent Name: _____

Year 7 Voluntary Contributions 2020

A. VOLUNTARY CONTRIBUTIONS

Library Trust Fund **FEE CODE: LIB20**

1. **A tax-deductible gift:** *Donation to Canberra High School Library Fund*
 for one child _____ \$85.00
 two or more children attending school _____ \$140.00

OR

2. **Voluntary contribution** **FEE CODE: VOL20**

- for one child _____ \$85.00
 two or more children attending school _____ \$140.00

\$ _____

B. SUBJECT CONTRIBUTIONS for Year 7 students

| | FEE CODE | | | | FEE CODE | | | |
|-----------|----------------|---------|--------------------------|--------------|----------------|---------|--------------------------|---|
| Art/Music | ARTS720 | \$20.00 | <input type="checkbox"/> | SHAPE | SHA20 | \$20.00 | <input type="checkbox"/> | } |
| English | ENG20 | \$10.00 | <input type="checkbox"/> | SOSE | SOS20 | \$10.00 | <input type="checkbox"/> | } |
| Maths | MAT20 | \$10.00 | <input type="checkbox"/> | STEAM7 | STEAM | \$20.00 | <input type="checkbox"/> | } |
| LOTE | LOTE20 | \$10.00 | <input type="checkbox"/> | Technologies | TECH720 | \$45.00 | <input type="checkbox"/> | } |
| Science | SCI20 | \$20.00 | <input type="checkbox"/> | | | | | |

\$ _____

TOTAL \$ _____

C. Band - Instrument Hire (only if student is participating)

FEE CODE—INS20

- Half Year \$80.00
 Full Year 150.00

\$ _____

TOTAL AMOUNT I WOULD LIKE TO PAY

\$



Payment options over the page

EXCURSION TITLE: Voluntary Contributions

PAYMENT OPTIONS

- 1. Payment is person** at school Front Office-between 8:15am & 2:30pm Mon-Fri
EFTPOS facilities are available. Cheques made payable to Canberra High School
- 2. Direct Deposit:**
Bank: Westpac
BSB: 032777 Acc. No. 001113
Acc. Name: Canberra High School
- 3. Canberra High School Website:** www.canberrahs.act.edu.au
(QUICKWEB)

See front page for FEE CODE

- 4. Phone Payments – Credit cards** Phone: 61420800 or 61420807

Please debit my Mastercard Visa

Card Number: - - -

Card Expiry Date: _____ Name on card: _____

Parent/Carer: _____ Student Name: _____

Total Amount Paid: \$ _____

Cardholders Signature: _____

Contact Phone number of Cardholder: _____