Dear Parents

Although Public Education is seen to be free, the government funds do not allow the school to purchase additional resources beyond that which is essential. It is for this reason we ask that you pay a small contribution towards your child’s education.

This year our focus is to continue to supply additional reading books for class use and as home readers. Additional resources for practical Mathematics activities and upgrading the technology in the school.

We are asking for a voluntary contribution of $30 per child with a maximum of $70 for those with more than 2 children attending St Clair PS. This equates to less than 75c per week per child towards providing additional resources for your child’s education.

It would be appreciated if you could pay your contribution as soon as possible by returning the completed slip below with the correct money in an envelope marked ‘School contribution’ to the black box outside the school Office.

The P & C are donating two $30 gift cards if you pay your contribution by the end of Term 1. Your child/children’s names will be placed in a draw and you will have a chance to win the gift card.

Thank you for supporting St Clair Public School and the students’ educational opportunities.

Judy Loader
Principal

Voluntary School Contributions

Please find enclosed voluntary school contribution for

Child’s Name _______________________________ Class_____  
Child’s Name _______________________________ Class_____  
Child’s Name _______________________________ Class_____  
Child’s Name _______________________________ Class_____  
Child’s Name _______________________________ Class_____  

Please find enclosed: $___________ being $30 per child or $70 per family.

Signed ______________________________  Date________

Credit Card Authorisation:            Card Type: □ Mastercard  □ Visa
Card No: ________________ ________________ ________________ ________________
Expiry Date: ........./........  Security Code: __________
Total Amount: $.........................
Cardholder’s Name: .................................................................(please print)
Cardholder’s Signature: ...........................................................
Daytime Phone No: ............................................................  Date: ........./......../........
Email: ............................................................

St Clair Public School