



ACT
Government
Education

BONYTHON PRIMARY SCHOOL

Hurtle Avenue
BONYTHON ACT 2905
www.bonythonps.act.edu.au

Ph: (02) 6142 0640
Fax: (02) 6142 0656
ABN: 47 576 431 450



Dear Parents and Carers,

To support the raising of money towards our Year 6 Graduation this year, we are offering the sale of Zooper Doopers on a Friday lunchtime, starting from Friday 12 November (Week 6).

Zooper Doopers will need to be pre-purchased and in line with current cohorting processes and hygiene practices will be delivered to classrooms in a contactless manner for teachers to distribute to students at the beginning of lunch. Zooper Doopers will cost \$1 each.

To help support the organisation of this, we are asking for pre-payment. Payment with the attached note need to be returned to school by Wednesday 10 November. Please note, we will be unable to accept payment and purchase on the day.

Kind Regards

Marissa Owens
Year 5/6 Executive Teacher

ZOOPER DOOPER PURCHASE

My child _____ in class _____ would like to purchase Zooper

Doopers for \$1 for:

- Friday 12 November Quantity: _____ (please specify how many)
- Friday 19 November Quantity: _____ (please specify how many)
- Friday 26 November Quantity: _____ (please specify how many)
- Friday 3 December Quantity: _____ (please specify how many)
- Friday 10 December Quantity: _____ (please specify how many)

I have enclosed \$_____ for pre-payment of Zooper Doopers

Electronic Funds Transfer to our bank account

Acct name:	Bonython Primary School Management Account
BSB:	032 777
Acct no:	001041
Reference:	Please include your child's name and Activity Name

Quick Web (*Visit the school website. Click on the payment tab which will take you to a secure Westpac Website to complete the payment.*)

Cash or Cheque at the school office

EFTPOS via card at school

Credit Card – by telephone to the school office, via the payment tab on our school website or by completing your details below and returning to the school office

Child's Name _____ Class _____ For: ZOOPER DOOPERS

VISA MASTERCARD

NAME ON CARD

EXP DATE AMOUNT

SIGNATURE

CARD NO

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (EDU) This information is necessary for us to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion. Normally, we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose. Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion to appropriately and effectively manage the excursion. The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.