



Chapman Primary School



Perry Drive Chapman ACT 2611
chapmanps.info@ed.act.edu.au
02 6142 2400
ABN: 48 529 566 431

"Achieving Excellence Together"

17 September 2021

Dear Parents/Carers,

CANCELLATION: ACT ATHLETICS CARNIVAL AND ALL FUTURE PSSA SPORTING FOR 2021

It is with great disappointment that we advise families of the cancellation of the ACT Athletics Carnival scheduled previously for Wednesday 18 August due to the continuing community transmission of COVID-19 in the ACT. The Primary School Sports ACT organisation have advised that no further regional sporting events will be held in 2021 nor will they be rescheduling previously planned events.

We ask that **no further payments be made for the ACT Athletics Carnival.**

We offer families the opportunity to decide whether to donate payments made to the school as a voluntary contribution or request an electronic refund of payment. Please complete the attached form indicating your preference.

In order for us to refund payments previously made for this event electronically, we ask families to provide bank account details. *Your bank account information will be securely disposed of once your refund has been processed.*

If you have any questions about the cancellation of this event or the refund process, please contact the school on 02 6142 2400.

Regards,

James M. Barnett
Principal

Chapman Primary School Excursion Payment Refunds Form

ACT PSSA Athletics Carnival

Please return this form to the school by Friday 24 September for electronic refund processing

Student's name: _____ in class _____

- Please accept this payment as a donation to the school as a voluntary contribution.
- Please arrange to make electronic refund of this payment to the following bank account:

Account name: _____

Bank and Branch Name: _____

BSB number:

Account Number:

Contact telephone number/s: _____

I understand that once electronic transfer of these funds has been made this information will be securely disposed of.

Name of Parent/Carer (please print): _____

Signature: _____ Date: _____

If you fill in this form your personal information will be collected and handled by us. This information is necessary for us to provide you with a refund of payment made to the school for the activity listed. If you do not consent to supply us with this information, we will not be able to assist you with your request. This information will be securely disposed of at the completion of this transaction.