



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"

8 September 2021

Dear Parents/Carers,

CANCELLATION: YEAR 3 DEEP SPACE COMMUNICATION COMPLEX EXCURSION

It is with great disappointment that we advise families of the cancellation of our year 3 excursion to the Deep Space Communication Complex scheduled previously for Monday 30 August. This is due to the continuing community transmission of COVID-19 in the ACT.

We ask that **no further payments be made for the year 3 Deep Space Communication Complex Excursion.**

We offer families the opportunity to decide whether to donate the payment to the school as a voluntary contribution, request this payment be used as a credit to later activities 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 excursion electronically, we ask families to provide bank account details. *Bank account information will be securely disposed of once refunds have been processed*

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

Regards,

James M. Barnett
Principal

Chapman Primary School Excursion Payment Refunds Form
Year 3 Deep Space Communication Complex Excursion

Please return this form to the school by Friday 17 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 retain payment previously made for this excursion as a credit to a future event or activity to be held in 2021. If no further events or activities are planned for 2021 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:** _____