



**ACT**  
Government  
Education

# CALWELL PRIMARY SCHOOL

Downard Street, Calwell, ACT 2905  
Phone: (02) 6205 6911 Fax: (02) 6205 6900



## VOLUNTARY CONTRIBUTION FORM 2019

Dear Parents/Carers,

Each year we ask parents to make a financial contribution towards their child's education as not all school resources are fully funded by the Directorate of Education. Voluntary contributions are a very important source of funding for the school. The contribution amount we request has been set as low as possible to minimise financial burden on families. The school community fully understands that some families may not be in a position to contribute, however to assist the school in providing high quality programs for our children we encourage those who are in a position to contribute to do so as early as possible.

The school is able to receive either a Voluntary Contribution OR a Library Fund Donation from families. Contributions to the Library Fund are tax deductible.

Thank you in advance for your voluntary contribution.

Linda Neeson  
Principal

### Yearly Contributions \$95 per child / \$150 per family

*Please tick the appropriate box.*

We wish to make a **Voluntary Contribution**  **A tax deductible Library Fund Contribution**

Yearly contribution in full:	<input type="checkbox"/> Child \$95	<input type="checkbox"/> Family	\$150
Term Installments	<input type="checkbox"/> Child \$23.75	<input type="checkbox"/> Family	\$37.50
Semester Installments	<input type="checkbox"/> Child \$47.50	<input type="checkbox"/> Family	\$75.00

**Family Name** \_\_\_\_\_

This total annual contribution can be paid in the following ways:

**Payment by** Cash  Cheque  Direct Deposit  Credit Card  (please complete below)

Direct Deposit to School Bank Account: *please include student/activity detail as reference*  
**BSB: 032-777 Account: 001 076 Calwell Primary School**

Payment to be debited from my Credit Card account:

Amount \$: \_\_\_\_\_ [please indicate] Visa  Mastercard

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Card Expiry Date \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(as shown on Credit Card – block letter please)

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** *The payment of this financial contribution is voluntary. The Education Act 2004 states that your child will not be refused benefits or services if you do not choose to contribute. Individual records of contributions are confidential.*