2016 FLINDERS COMMUNITY PROGRAM

Parent/Guardian Response Slip

Family/Student/s Name_________________________________________________________

Debtor ID (If known)________________________________________________________________

Family address_____________________________________________________________________

Please tick ONE box only, next to the option you intend to use in 2016:
Capital Donation OR Flinders Community Program

1. Capital Donation

☐ I/we wish to make a voluntary Tax deductible Capital Donation of $250.00 towards the Flinders Christian Community College Building Fund.

(Please complete and return the attached Building Fund Donation Form)

OR

☐ 2. Flinders Community Program

I wish to participate in the Flinders Community Program, please select one of the following boxes. By selecting to participate in the FCP a FCP levy of $180.00 will be charged to your fees at the start of the year, which will be credited at the end of the year upon completion of your selected area.

Please tick your selection below:

☐ I/we intend to participate in Working Bee activities
(I/we understand that Working bee is 8hrs which can be performed over multiple working bee activities by either yourself and or family members.) Please check your campus Newsletter for Working Bee dates.

☐ I/we intend to assist with Literacy Assistance
Assistance in the Junior School classes at least once a week over two terms - certified by the Campus Principal.

☐ I/we intend to assist with Netball and Basketball Coaching or Team Management
One whole season of uninterrupted coaching or team management (This equates to approximately one hour per week over a 20 week period – certified by the Campus coach).
I/we intend to assist with Parents and Friends
Consistent service towards Parents and Friends fundraising activities – certified by the Campus Principal.

I/we intend to assist with Other Voluntary Work
Significant contribution of hours to an event, activity or program. The hours must be pre-approved by the Campus Principal for inclusion as contributing to the FCP.

Parent/Guardian Signature:______________________________

Date:________________________

PLEASE RETURN THIS FORM TO THE COLLEGE OFFICE