ATTENTION: PRIMARY PARENTS
INTERNATIONAL COMPETITIONS AND ASSESSMENTS
FOR SCHOOLS - ICAS

Primary children are invited to participate in the ICAS, International Competitions and Assessments for Schools. If you would like your child to sit for any of the International Competitions and Assessments listed below please complete the form for the subject or subjects required. Each year over 2 million entries are received from students worldwide in these very challenging tests.

N.B. Each assessment carries a fee. (See below for scale)

The dates for the Competitions and Assessments are:

ICAS-Digital Technologies  Years 3-6  Tuesday 19 May  $8.80
ICAS-Science  Years 3-6  Wednesday 3 June  $8.80
ICAS-Writing  Years 3-6  Monday 15 June  $18.70
ICAS-Spelling  Years 3-6  Tuesday 16 June  $12.10
ICAS-English  Years 3-6  Tuesday 28 July  $8.80
ICAS-Mathematics  Years 3-6  Tuesday 11 August  $8.80

Please return your cut off slip with attached credit card details no later than Friday, 27 March.

Kindly address your envelope: International Competitions and Assessments For Schools; Attention Mrs Daley

NB. I am sorry but no late entries can be processed. If you have any queries please see me.

Many thanks for your cooperation, Alana Daley, Assistant Principal.

INTERNATIONAL COMPETITIONS AND ASSESSMENTS FOR SCHOOLS (ICAS)

I would like my child……………………………………….Year……………… to participate in the following:

ICAS- Computer Science  Tuesday 19 May  $8:80  □
ICAS- Science  Wednesday 3 June  $8:80  □
ICAS- Writing  Monday 15 June  $18:70  □
ICAS- Spelling  Tuesday 16 June  $12:10  □
ICAS- English  Tuesday 28 July  $8:80  □
ICAS- Mathematics  Tuesday 11 August  $8:80  □

**Please note: All International Competitions and Assessments’ applications will be sent together. The final day for forms and cheques to be received is Friday 27 March.

CREDIT CARD PAYMENT

CARD HOLDER NAME
......................................................................................................................................................

□ VISA  □ Mastercard

CARD NUMBER □□□□ □□□□ □□□□ □□□

EXPIRY DATE □□/□□

Payment Amount $________

SIGNATURE .................................................................................................................................

DATE ..................................................

CONTACT NUMBER: __________________________________________