



YEAR 3, 4 & 5 SWIMMING

<i>Date note distributed:</i>	Wednesday September 13
<i>To:</i>	Parents/Guardians of Year 3, 4 & 5 students
<i>Date & Time of event:</i>	Wednesday 11TH October to Friday 20th October
<i>Cost:</i>	\$115.00
<i>You can find the QKR charge in the:</i>	Year Level tab
<i>Response Required: YES/NO</i>	YES (return to classroom teacher)
<i>Return form & payment due by:</i>	Monday October 9
<i>Staff member in charge & e-mail addresses:</i>	Erik Albers albers.erik.n@edumail.vic.gov.au

It is **mandatory** to provide a Swimming Program as Swimming and Water Safety are included in the Victorian Curriculum as part of the Health and Physical Education curriculum. The development of knowledge and skills relating to survival swimming and basic water safety can significantly reduce a child's drowning risk and enhance community safety.

All students in Year 3, 4 & 5 will participate in an 8-day intensive swimming program at Monash Sport. Each lesson will be 45 minutes in duration with a ratio of 1 aquatics teacher to 8 students.


Thanking you,
Erik Albers

OSPS uses an app called QKR! as our preferred payment method for accepting payments from parents. It is a quick and easy to download and learn. QKR! Payments are child specific – please ensure you have selected the correct child before finalising a payment. Please visit the OSPS website for instructions and further information

www.oakleighsouthps@vic.edu.au/tiqbiz-qkr

QKR website link www.qkr.mastercard.com/for-everyone-australia



Once you have completed your payment, please complete the permission note and  return it to your classroom teacher. If you have any questions, please contact the school office on 9570 1016.



RETURN SLIP/ PERMISSION NOTE

I have used Qkr! (please tick the box).

Date of QKR! payment: _____

<i>Please circle:</i> I give permission for my child to participate in the Year 3, 4 & 5 Swimming Program at Monash Sport from Wednesday 11 th October to Friday 20 th October 2017.	YES / NO
I also authorise the teacher in charge to give consent (where it is impracticable to communicate with me), to my child receiving medical, ambulance or surgical treatment as may be deemed necessary.	
Student's name:	Grade
Parent / Guardian Signature:	Date
Emergency Contact Number:	Medicare Number: