



District Athletics Permission Form

Date note distributed:	Wednesday 2 nd of August
To:	Parents/Guardians of School Athletes
Date & Time of event:	Tuesday 15 th of August
Where:	Duncan McKinnon Athletics Track
Cost:	\$ 10 – cost of bus
You can find the QKR charge in the:	Special Payment Tab
Response Required: YES/NO	YES (return to class teacher)
Return form & payment due by:	Friday 4 th of August
Staff member in charge & e-mail addresses:	Marcus Mooney mooney.marcus.d@edumail.vic.gov.au

Dear Parents,

Your child has been selected to represent the school at the District Athletics. Children should wear the correct attire, in shorts and runners. All children will be provided with an Athletics t-shirt to wear for their race. (T-shirts to be collected from the office from Monday 7th August – a deposit of \$20 is required. The \$20 will be refunded once your child’s athletics season has finished and the **clean** T-shirt is returned). Children should also have a drink bottle and lunch, and warm clothes to change into.

Thank you,
Marcus Mooney

<u>Timetable:</u>	9.30am	1500m and Field Events (Discus, Shot Put, High, Long and Triple Jump)
	11.00am	Hurdles
	11.30am	100m
	12.00pm	200m
	1.00 pm	Relays
	2.00pm	800m

OSPS uses an app called QKR! as our preferred payment method for accepting payments from parents. It is a quick and easy to down load 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.



DISTRICT ATHLETICS PERMISSION FORM

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

Date of QKR! payment: _____

Please circle: I give permission for my child to participate in the House Athletics – August 15	YES
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:

