



YEAR 3-6 DISTRICT SWIMMING OAKLEIGH RECREATION CENTRE

<i>Date note distributed:</i>	Thursday 23 rd February
<i>To:</i>	Parents/Guardians of Year 3-6 District Swimmers
<i>Date & Time of event:</i>	9.10am – 2.30pm Wednesday 1st March
<i>Where:</i>	Oakleigh Recreation Centre, Park Road, Oakleigh
<i>Cost:</i>	\$10
<i>Response Required: YES/NO</i>	YES (return form to Miss Wells)
<i>Return form & payment due by:</i>	Monday 27 th February
<i>Staff member in charge & e-mail addresses:</i>	Fiona Wells wells.fiona.f@edumail.vic.gov.au

Congratulations to your child for being successful in making the 2017 District Swimming Team.

Please return this form to Miss Wells.

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.



DISTRICT SWIMMING PERMISSION FORM

Return form to Miss Wells

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

Date of QKR! payment: _____

Please circle: I give permission for my child to participate in District Swimming.		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:	