



YEAR 4 Ice Skating Program Oakleigh Ice Skating Rink

Date note distributed:	Friday August 11
To:	Parents/Guardians of Year 4 students
Date & Time of event:	Tuesday August, 22 & 29 Tuesday September, 5, 12 & Friday September 15 – Lesson:11.15-12.15pm
Cost:	\$15 for 5 sessions.
You can find the QKR charge in the:	Year Level tab
Response Required: YES/NO	YES (return to classroom teacher)
Return form & payment due by:	Monday August 21
Staff member in charge & e-mail addresses:	Tony Muir muir.tony.r@edumail.vic.gov.au

Dear parents,
Oakleigh South Primary School is once again pleased to announce the ice-skating program for year 4 for 2017. We would like to thank Ice-Skating Victoria for their continued support offering this incredible program to our students. Beginning Tuesday August 22nd, Year 4 students will enjoy coaching, activities and free skating for 5 sessions. We ask that you send a helmet, gloves and suitable clothing; long pants and t-shirts on the day of each session.

Please return this form with your details to your class teacher once you have paid to indicate your child's attendance.

Regards,
Year 4 Team

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: _____

Please circle: I give permission for my child to participate in the Ice Skating program throughout August and September 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: