



CAMP WEEKAWAY YEAR 5

Date note distributed:	Tuesday 31 st January
To:	Parents/Guardians of Year 5 Students
Date & Time of event:	Monday 13th February to Wednesday 15th February
Cost:	\$280.00
Response Required: YES/NO	YES (return to classroom teacher)
Return form & payment due by:	Monday 6 th February
Staff member in charge & e-mail addresses:	Erik Albers albers.erik.n@edumail.vic.gov.au

Camp Weekaway is located on over 70 acres of natural bush at Benloch, approximately 80kms north of Melbourne. The closest town is Lancefield, 15kms away.

We requested a **\$150.00 deposit** last year to secure your child's place and pay the remaining balance at the beginning of this year. If you have paid a deposit of **\$150.00**, the remaining balance of **\$130.00** will be required by **Monday 6th February 2017** (or if you didn't pay a deposit, the full payment **\$280.00** will be required by **Monday 6th February 2017**).

Would you please complete the permission note (if you haven't already done so) and return it to your child's classroom teacher by the due date.

Thanking you,

Helen Paroukas, Matt Barker, Maria Sakellaris, Evert Eykman & Nadine Kingsley

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.



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 Year 5 Camp at Weekaway, 186 Kitchenhams Rd, Benloch from Monday 13 th February to Wednesday 15 th February 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: