



Family Life Year 6

Date note distributed:	Thursday 12 th October 2017
To:	Parents/Guardians of Year 6
When	Beginning Thursday 26 th October
Cost:	\$25 payable on Qkr!
Qkr! charge in the:	Year 6 Tab
Response Required: YES/NO	YES
Return form and cash payment by:	Friday 20 th October
Person in charge & e-mail addresses:	Anthony Rowe rowe.anthony.j@edumail.vic.gov.au

Dear Parents,

As part of our school curriculum all Grade 6 students are required to participate in our Family Life Program. The program has been designed to help schools implement particular aspects of the health curriculum including the physical, social and emotional changes during puberty.

The approach is simple, straight forward and sensitive. The content of the sessions is age-specific and interactive, using a variety of audio-visual materials, discussion and games. The program respects and supports the role of the family in sexuality education.

Each class will have a total of three supervised sessions on the following dates: **October 26th, 27th, November 2nd, 3rd, 17th & 24th.**

Kind Regards,

Anthony Rowe, Catherine Sangster, Fiona Wells, Chris Roth & Sean Alston



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: _____

<i>Please circle: I give permission for my child to participate in the Year 6 Family Life Program) from Thursday 26th October to Friday 24th November 2017.</i>		YES / NO
<i>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.</i>		
Student's name:		Grade
Parent / Guardian Signature:		Date
Emergency Contact Number:	Medicare Number:	

