



## YEAR 6 Ice Skating Program Oakleigh Ice Skating Rink

<i>Date note distributed:</i>	Wednesday 8 <sup>th</sup> February, 2017
<i>To:</i>	Parents/Guardians of Year 6 Students
<b><i>Date &amp; Time of event:</i></b>	February, 14, 21 & 28 March, 7 & 14
<i>Where:</i>	Oakleigh Ice Skating Centre 1080 Centre Road, Oakleigh South
<i>Cost:</i>	\$15 for 5 sessions.
<i>Response Required: YES/NO</i>	YES (return to class teacher)
<i>Return form &amp; payment due by:</i>	Monday 13 <sup>th</sup> February, 2017
<i>Staff member in charge &amp; e-mail addresses:</i>	Anthony Rowe rowe.anthony.j@edumail.vic.gov.au

Dear parents,

Oakleigh South Primary School is once again pleased to announce the ice-skating program for 2017. We would like to thank Ice-Skating Victoria for their continued support offering this incredible program to our students. Beginning Tuesday February 14<sup>th</sup>, Year 6 students will enjoy coaching, activities and free skating for a total of 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've paid to indicate your child's attendance.

Regards,

Year 6 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](http://www.oakleighsouthps@vic.edu.au/tiqbiz-qkr)

QKR website link [www.qkr.mastercard.com/for-everyone-australia](http://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.



### Ice Skating PERMISSION NOTE

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

Date of QKR! payment: \_\_\_\_\_

<b><i>Please circle:</i></b> I give permission for my child to participate in the Ice Skating program throughout February and March 2017.	<b>YES</b>
<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>	
<b>Student's name:</b>	<b>Grade</b>
<b>Parent / Guardian Signature:</b>	<b>Date</b>
<b>Emergency Contact Number:</b>	<b>Medicare Number:</b>

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