Congratulations to your child for being successful in making the 2017 Swimming Squad. We encourage the children to attend all sessions (some will miss sessions due to being in Japan, or attending Somers Camp – charges have been adjusted accordingly), as it really does make a difference to their fitness and stamina. Also, the improvement in their times has been noticeable over the years we have trained this way. Breakfast back at school will be provided after each training session.

Children attending Somers Camp $30, children at Japanese Exchange $44, all other children $50.

If you are willing to assist at the pool with management tasks, such as attendance records, timing, recording, marshalling, etc or are able to assist with breakfast duties, please also let me know. Thank you for your co-operation, and I look forward to seeing your child at the swimming training sessions.

Fiona 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.

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SWIM SQUAD 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 Swim Squad training sessions throughout February 2017. 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: ____________________