



YEAR 5 Interschool Summer Sport Levy – Term 1

Date note distributed:	Wednesday 13 th of February
To:	Parents/Guardians of Selected Year 5 Students
Cost:	\$25.00
You can find the QKR charge in the:	Year 5 Level Tab (Selected students)
Response Required: YES/NO	YES (return to classroom teacher)
QKR Payment & form due by:	4.30pm Wednesday 27 th of February
Staff member in charge & e-mail:	Marcus Mooney mooney.marcus.d@edumail.vic.gov.au

YEAR 6 SPORT

All Year 6 students will be involved in inter-school sport on Thursdays. Your Year 5 child has been selected (one of only 13 Gr 5's) to participate this summer. Inter school sport is a home and away fixtured competition by School Sport Victoria and OSPS is in the Bentleigh District. Children were given a fixture and venue list. You can refer to the Bentleigh District Website for fixture information and venues at any time. The link is on School website under "PE and Sport". The sport dates have been placed on the school calendar.

Summer sports will be held on Thursday mornings and are softball, cricket, volley ball, Flag rugby and basketball.

OSPS uses an app called QKR! as our preferred payment method for accepting payments from parents. QKR! Payments are child specific – please ensure you have selected the correct child before finalising a payment. Information: www.oakleighsouthps@vic.edu.au/tiqbiz-qkr
QKR website link www.qkr.mastercard.com/for-everyone-australia

We understand that in exceptional circumstances CASH, BPAY or EFT may be used, however it is our non-preferred payment method.



Year 5 Interschool Summer sport levy FORM

RETURN FORM TO YOUR CLASSROOM TEACHER

QKR! Receipt Number <input style="width: 150px;" type="text"/>	NON-PREFERRED PAYMENT METHOD
Preferred payment	Cash (tick) <input type="checkbox"/> BPAY Receipt Number <input style="width: 150px;" type="text"/>

Please circle: I give permission for my child to participate in this event.		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:	