



Reptile Encounters: Insects and Mini Beasts PREP Incursion 2019

<i>Date note distributed:</i>	Wednesday, 1 st of May.
<i>To:</i>	Parents/Guardians Prep Students.
Date & Time of event:	Wednesday 22 nd or Thursday 23 rd May, 2019.
<i>Where:</i>	Oakleigh South Primary School
<i>Cost:</i>	\$18.00
<i>You can find the QKR charge in the:</i>	Prep Level Tab
<i>Response Required: YES/NO</i>	YES (return permission to Class Teacher)
<i>QKR Payment & form due by:</i>	4.30pm Wednesday 15 th May, 2019.
<i>Staff member in charge & e-mail:</i>	Angie Martyn martyn.angela.j@edumail.vic.gov.au

Dear Parents,

Each class will participate in a one hour session run by Reptile Encounters: Live Minibeasts and Insects Show at Oakleigh South Primary School.

‘Students will be amazed as they uncover the fascinating world of insects and minibeasts. Your child will meet and learn about spiny-leaf stick insects, huge goliath stick insects, giant burrowing cockroaches, millipedes, giant centipedes, hermit crabs, tarantulas, scorpions, and even a predator (goanna lizard).’

Students will attend this incursion on either Wednesday or Thursday (depending on their class schedule) at school.

All morning tea and lunch requirements are the same as usual.

A timetable will follow shortly.

Please complete the QKR payment and return the permission form by the due date.

Kind Regards,

The Prep Team

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.



Touch Football Eastern Conference 2019 RETURN FORM TO FIONA WELLS

QKR! Receipt Number

Preferred payment

NON-PREFERRED PAYMENT METHOD

Cash (tick)

BPAY Receipt Number

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:	