



WILLIAM RUTHVEN
SECONDARY COLLEGE

February 18, 2019

Dear Parent/Guardian,

AFTER SCHOOL STUDY CLUB

We are pleased to provide support for students with their studies by providing the After School Study Club (ASSC). The **program will be offered to students from years 7 to 12 and will occur Monday to Thursday, 3.15-4.30pm (Tuesdays: 2.40pm-4.30pm) in the middle school area.**

This is a great opportunity for students to have some time to undertake unfinished work and get some additional help if needed. It will be located in the Middle School building and will commence from next Monday (February 25th).

The teacher leader of the After School Study Club is Ms Lina Fantini. Mrs Terry Traianos (Librarian) will be there to provide support for participants. Depending on the need, we hope to be able to provide additional teacher and tutor support for the students in their studies.

In order to make the program successful, please be aware of the following:

1. Sign in should take place by 3.30 p.m. in order to attend on that evening. On Tuesdays, this will be 3.00 p.m. due to our early finish. Students arriving after this time may not have access to the programme.
2. Participants will need to have their devices and work with them.
3. Participants are expected to undertake school work in order to attend After School Study Club
4. Participants are able to leave the programme early on any given evening but must leave the school grounds as they would be unsupervised.

If your child would like to participate in ASSC, please complete the permission form slip below and return it to the general office. Should you have further questions, please contact Ms Fantini or Ms Traianos on 9462 2177.



After School Study Club Permission

I give permission for my son/daughter _____ of Year Level _____ to attend the **After School Study Club Program on Monday to Thursday, 3.15-4.30pm (Tuesdays: 2.40pm-4.30pm).**

Please tick the days your child will be attending After School Study Club

Monday

Tuesday

Wednesday

Thursday

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Contact Phone Number: _____