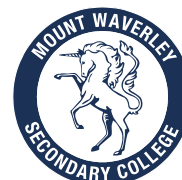


Mount Waverley Secondary College

College Postal Address: PO Box 346 Mount Waverley 3149
Internet home page: www.mwsc.vic.edu.au



ABN 19 486 840 793

Senior Campus

Lechte Road Mount Waverley
Phone: 9803 6811 Fax: 9887 9308

Junior Campus

Stephensons Road Mount Waverley
Phone: 9887 9290 Fax: 9887 9231

16 February 2017

2017 JUNIOR SCHOOL STUDY PROGRAM

Dear Parent/Career

The Junior School at Mount Waverley Secondary College is planning to run two after-school programs to support student learning for Semester 1. Please note spaces are limited.

Program 1: Day: Wednesday

Focus: Developing organisational skills and supporting students as they complete their **Homework**.
Time: 3.00 – 4.00pm
Venue: Resource centre

Program 2: Day: Thursdays

Focus: Assistance in understanding the topics being covered in **Mathematics**.
This program is aimed at students who are currently experiencing difficulties in Mathematics.
Time: 3.00 – 4.00pm
Venue: LA24

This is a completely voluntary program, but once a student agrees to take part in the program **they are expected to attend if they are present at school**. Students will not benefit unless they see the value of attending and make an effort to attend.

In line with the college code of conduct, poor behaviour will not be tolerated, and students who behave inappropriately may be removed from the program.

Please discuss these programs with your student. If, following the discussion, you all agree that participation in one or both programs would be beneficial, please return the reply slip below by Friday 24 February. **This program commences Wednesday 1 March.**

Yours sincerely

Ms Amanda Sfindilis-Reed
Teaching & Learning Leader - Maths

Mrs Jan Pugsley
Head of Junior School

Mr Ian MacLeod
Junior Campus Principal

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Return this slip if you wish to attend, to the box in Student Reception at the General Office, by Friday 24 February

2017 JUNIOR SCHOOL STUDY PROGRAM

Student's Name: _____ **Student Id:** _____ **Home Group** _____

would like to attend: *(Please tick the appropriate box/es)*

Program 1: Junior School Study Program – Homework, each **Wednesday after school**

Program 2: Junior School Study Program – Mathematics, each **Thursday after school**

Parent/Carer signature: _____ Date: _____

Parent's name (Please print): _____

I agree to participate in the Junior School Study Program to the best of my ability. I understand that I need to follow the College Code of Conduct during the program.

Student's signature: _____ Date: _____