Academic Support Program

Masterminds is held Tuesday, Wednesday and Thursday’s from 3.15 to 4.30 pm in D block during term time. These sessions are available to any student who feels he/she needs assistance in achieving their goals at School. The aim is to support your child with organisational skills, completion of homework and assignments and preparation for exams.

**Tuesdays** will focus on building skills in **Mathematics**

**Wednesdays** will be for **general organisation and homework**

**Thursdays** will focus on **English** skills

To enrol your son/daughter in the academic support program complete the attached form and email to tutoring@hvgs.nsw.edu.au or you can drop it off at the Administration office – Attention Dr Anne Kitchener.

If you email please include the following information in the body of the email state

* name of student
* year group
* day(s) attending in following week (ie Tuesday, Wednesday, Thursday)

If your child plans on attending Masterminds, the enrolment forms needs to be received by **5pm on the Friday prior** to them attending. The enrolment form only needs to be completed once.

If your child will be **attending regularly** on a given day each week you only need to email or phone when they will **not** be attending.

If your child will be **attending intermittently** you will need to email the student details **each Friday** prior to attendance.

It is important that our records accurately reflect those students who will be present, to allow us to carry out our duty of care.

**Masterminds will not be held during sporting Carnivals or Parent Teacher Nights.**

If you have any questions regarding this program please email Dr Anne Kitchener

*Dr Anne Kitchener*

**Head of Academic Support Program**

tutoring@hvgs.nsw.edu.au
**Masterminds Enrolment Form**

*(to be completed by the student’s parent or guardian and returned to Dr Kitchener – all sections must be read and completed)*

1. **Student information**

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Surname</th>
</tr>
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<table>
<thead>
<tr>
<th>Year Group</th>
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<tr>
<th>Reason for joining Masterminds Program (eg organisation, difficulty with subject)</th>
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<th>Does the student regularly take any medication in the afternoon or have any special needs the program staff need to know about.</th>
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|                                                                                                                                     |

2. **Referral Information**

- How did you find out about the Masterminds Program?
  - [ ] Newsletter
  - [ ] Parent Referral
  - [ ] My son/daughter
  - [ ] Parent Portal
  - [ ] Teacher Referral
  - [ ] Other

__________________________________________________________________________
3. Afternoon Contact Information

(Please include the contact information for the parent/guardian most easily contacted during /after program time; 3.15-4.30pm)

Name:_________________________________________

Mobile/Phone:__________________________________

4. Permission Agreement

I give permission for the student named above to attend Masterminds and will make arrangements for him/her to be transported home at **4.30 pm**.

I give permission for the program coordinator to speak with the student named above, their tutors and their teachers about their experiences and learning outcomes. I understand that this information will remain confidential and only be shared with relevant workers where necessary.

The personal information on this form is being collected for the purposes of enrolling the student in the Masterminds Program and being able to contact the parents/guardians. Any evaluation reports developed will not identify individual participants.

I have read and agree with the conditions outlined in this document:

PARENT’S/GUARDIAN’S NAME_____________________________________________________

PARENT’S/GUARDIAN’S SIGNATURE______________________________________________

OR □ check this box for “electronic signature”

DATE________________________________________