



Hunter Valley
Grammar School

Academic Support Program

Masterminds is held **Tuesdays, Wednesdays and Thursdays** from **3:15pm to 4:30pm** in **D Block** during Term time.

These sessions are available to any student in Years 7-12, 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. Please state:

- Name of student
- Year group
- Day(s) attending **in following week** (i.e. Tuesday, Wednesday, Thursday)

If your child plans on attending Masterminds, the Enrolment Form needs to be received by **5:00pm on the Friday prior** to 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 tutoring@hvgs.nsw.edu.au or phone the School Office on 4934 2444 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

Coordinator Tutoring Program

tutoring@hvgs.nsw.edu.au



Hunter Valley
Grammar School

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.

Student Information

| | |
|--|--|
| GIVEN NAME | |
| SURNAME | |
| YEAR GROUP | |
| DAY(S) ATTENDING | Please <input checked="" type="checkbox"/> <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY |
| REASON FOR JOINING MASTERMINDS PROGRAM (e.g. ORGANISATION, DIFFICULTY WITH SUBJECT) | |
| DOES THE STUDENT REGULARLY TAKE ANY MEDICATION IN THE AFTERNOON OR HAVE ANY SPECIAL NEEDS THE PROGRAM STAFF NEED TO KNOW ABOUT | _____ _____ _____ |

Referral Information

| | |
|---|---|
| HOW DID YOU FIND OUT ABOUT THE MASTERMINDS PROGRAM? | <input type="checkbox"/> Newsletter <input type="checkbox"/> Parent Referral <input type="checkbox"/> My son/daughter <input type="checkbox"/> Parent Portal <input type="checkbox"/> Teacher referral <input type="checkbox"/> Other (please explain) |
|---|---|

Afternoon Contact Information

| | |
|---|--|
| PLEASE INCLUDE THE CONTACT INFORMATION FOR THE PARENT/GUARDIAN MOST EASILY CONTACTED DURING/AFTER PROGRAM TIME, 3:15PM - 4:30PM | |
| NAME | |
| MOBILE NUMBER | |
| HOME NUMBER | |



Hunter Valley
Grammar School

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 **4:30pm**.

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 _____