

Dear Parent/Guardian,

ACE Foundation is an established non-profit education foundation which operates from Thompson Road Clinic 2 Woodbine Road Cranbourne North.

We are holding free study session to any Year 6 - 12 students Monday, Tuesday, Wednesday and Thursday night 4.30 – 6.30 pm. There are **NO** classes held during school holidays or public holidays. Students are not required to stay the whole session. These sessions will be supervised by volunteers including university students. These volunteers must have a Working with Children's Check before considered to be suitable to supervise.

Students will have a secure place to study and access to computers, internet, photocopier and office facilities in a quiet environment. In addition, they will have access to the tearoom and bathroom facilities. We will also include a light afternoon snack.

Students cannot gain any access to medical equipment or rooms. Students or parents will be expected to sign the **Permission Slip** and **Code of Conduct** prior to attending the clinic.

The ACE Foundation will support and encourage students learning.

Yours sincerely



Dr Leon Shapero
ACE Chair
Email: acefoundation@trcgp.com.au

Tear off _____

Permission Slip (If under 18 years)

(Please complete and return to ACE Foundation)

I give permission for my child _____ to attend the free study sessions at Thompson Road Clinic 2 Woodbine Road Cranbourne North, Mon – Thurs 4.30 p.m. – 6.30 p.m. I understand that students will need to make their own way to and from the clinic. Upon arrival students are to check in with reception staff and proceed upstairs where they will remain until it is time for them to leave. Students waiting for their parents to arrive are required to wait inside the clinic and not outside on the footpath in the dark. When studying at Thompson Road Clinic I agree to work quietly and diligently. Further, I agree not to intentionally disturb other students.

STUDENTS ARE NOT PERMITTED TO WALK HOME IN THE DARK

Name _____

Subjects Studying _____

School _____

Student email address or mobile number _____

Do you have any serious medical condition or allergies we should be aware of Yes or No

If yes, kindly please indicate _____

Signed _____ Date ____/____/____