



STUDY GROUP SEMESTER 1 - 2020

Please Note: Payment and Permission must be received BEFORE your child is permitted to attend Study Group.

Details	Study Group Semester 1 (Terms 1 & 2) Beginning Tue 3 th March 2019
Purpose	Participating students receive assistance from selected Senior School students in areas including: <ul style="list-style-type: none">• Individual subjects• Time management• Organisation
Date	Each Tue in Room 107 Beginning 3 rd Mar until 23 rd Jun 2020 (excluding public/school hols)
Time	3.15 pm – 4.15 pm
Additional Information	Study Group is available for interested students in Years 7 – 10. Most students will work with their tutor in groups of 3 – 4.
Cost / Due Date	\$ 100 for the full Semester which includes tuition & refreshments. <i>If you are interested, please complete the permission /payment slip below and return to the General Office to confirm your child's place, no later than Monday 2nd Mar.</i> <i>Payment and Permission must be received BEFORE your child is permitted to attend.</i>

Mr E. D'Alfonso
Study Group Co-Ordinator



PLEASE RETURN TO THE GENERAL OFFICE WITH PAYMENT BEFORE STUDENT COMMENCES

Student Name _____

Class _____

I am interested in my son/daughter attending Study Group Semester 1, 2020:

Medical Conditions: Please name any medical or other condition which your child has which the teacher in charge needs to know about.

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Where the teacher in charge of the session is unable to contact me, or it is otherwise impractical to contact me, I authorise the teacher in charge to:

* Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.

* Administer such First Aid as the teacher in charge/approved staff member may judge to be reasonably necessary.

Emerg. tel. no. _____ Parent signature _____ Date _____

\$ 100.00 Cash Cheque (Made payable to R.S.C.) MC VI EFTPOS (In person at General office only)

Direct Deposit to Ringwood Secondary College BSB: 633 000 Account: 1554 50539 Reference: Student Code & Study Group

Card number: _____ Expiry: ____ / ____

Cardholder's name (Block letters) _____ Cardholder's signature _____