



After School Study Group

Date: _____

Dear parent/Guardian

Your child _____ will be attending our After School Study Group. This group will operate every Thursday afternoon after school from 3.20pm to 4.30 pm. The group will be supervised by our staff members who will be able to assist students with their homework and/or class work required for satisfactory completion of their subjects.

This is an excellent opportunity for students who are finding it difficult to complete set homework and hand in class work by the set deadlines. The group will be held in the school library which offers students the opportunity to use the library resources for research.

If you would like your child to attend the After School Study Group, can you please complete the permission form below and hand it to Mr. Vo.

If you have any questions regarding the club, please do not hesitate to contact me on 9366 2555.

Yours sincerely

Mathematics Teacher
Afterschool Study Group Co-ordinator
Steven Vo



After School Study Group Permission Form

I _____ being the parent/guardian of _____
(Parent/Guardian Name) (Student Name)

give permission for him/her to participate in the After School Study Group. I understand he/she will be at school between 3.20pm to 4.30pm on Thursday. If for some reason the group is cancelled or my child does not attend, I understand I will be advised by the school.

(Parent/Guardian Signature)

(Date)