The Academic Support Program will begin during Week 3 of Term 1. “Masterminds”, our Academic Enrichment Stage Groups, will be available, during the term, on Tuesday, Wednesday and Thursday from 3.15-4.30 pm in D block. These are available to any student wishing to attend, who feels they need some assistance in achieving their goals at school. The aim is to support your child with organisational skills, completion of homework, carrying out of assignments and preparation for exams.

Tuesdays will focus on building skills in **Mathematics**, Wednesdays will be for **general** study skills, organisation and homework and Thursdays will focus on **English** skills.

To enrol your son/daughter in the academic support program:

1. Download and complete the Masterminds Enrolment Form [click here](#).
   
   It is also be available on the parent portal under Co-curricular Academic.

2. Attach the completed enrolment form to an email addressed to [tutoring@hvgs.nsw.edu.au](mailto:tutoring@hvgs.nsw.edu.au).
   
   Alternatively you can drop this off at the admin office marked for the attention of Anne Kitchener.

3. 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 during week 3, this needs to have been emailed by 5pm Saturday 7th February. For subsequent weeks, the cut-off time will be 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.

**Dates in Term 1 when Masterminds will *not* be available**

   - Wednesday 11 March (Parent Teacher Interviews) Week 10 (Exams/Camp).

If you have any questions regarding this program please email

*Dr Anne Kitchener*

**Head of Academic Support Program**

[tutoring@hvgs.nsw.edu.au](mailto: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

Given Name ______________________ Surname ______________________

Year Group_______________________

Reason for joining Masterminds Program (eg 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.

_____________________________________________________________________

_____________________________________________________________________

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______________________________________