



## KESWICK HIGH SCHOOL

100 Biscayne Blvd.  
Keswick, Ontario L4P 3S2  
Tel: 905-476-0933

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Website: [www.keswick.hs.yrdsb.ca](http://www.keswick.hs.yrdsb.ca)

Friday, February 14, 2020

Dear Parent/Guardian:

We are pleased that the Ministry of Education has provided special funding again this year, for an after school mathematics program – **this program is available for 9 applied/academic and 10 applied/academic**. The goal of this program is to build the mathematical literacy skills of students who may have struggled for many years, need additional positive intervention to build their confidence in math or those students who just want to improve their mathematical ability.

Keswick High School is pleased to offer your son/daughter this opportunity to benefit from some extra help in mathematics. Your son/daughter will need to attend all sessions to get the maximum benefit from this program. The after school program consists of twelve sessions of 75 minutes each. Students will attend once a week for 12 weeks. There is no cost for this program and it will run every week from 3:15 pm to 4:30 pm. The program would run on Tuesdays starting the first week of March until the end of May (potentially into June). Potential dates would be Tuesday, March 3, 10, 24, 31, April 7, 14, 21, 28, and May 5, 12, 19, 26.

While receiving additional assistance through the after school program, your son/daughter will continue to receive regular instruction from his/her classroom teacher related to the mathematics required for their grade level. For some students, further assistance will be required.

Please read and complete the student registration form on the other side if you are interested and feel the program would be helpful. Your signature is required as permission for your son/daughter to participate in the after school program. **Completed forms** are to be returned to their regular math teacher no later than **Thursday, February 27<sup>th</sup>**. We need a commitment from 12 students in each grade/division for this program to be offered. You will be contacted to let you know if the program is running and the official start date.

The school is not able to provide transportation for students so there may be a need for you to arrange transportation for your son/daughter following each session.

If you have further questions, feel free to contact Ms. Miller, Department of Mathematics via email at [kristie.miller@yrdsb.ca](mailto:kristie.miller@yrdsb.ca) or by phone (905) 476-0933 extension 551.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Grieve".

Mike Grieve  
Principal



TEACHER: \_\_\_\_\_

GRADE: \_\_\_\_\_



# AFTER SCHOOL CREDIT RECOVERY PROGRAM LITERACY/NUMERACY STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

STUDENT ID NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
Surname First NameGENDER: M ☐ F ☐DATE OF BIRTH: \_\_\_\_\_  
YEAR MONTH DAYADDRESS: \_\_\_\_\_  
Number Street Name Town/City POSTAL CODE

HOME TELEPHONE: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

PRESENT GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

RESIDENCY STATUS: CANADIAN CITIZEN ☐ PERMANENT RESIDENT ☐INTERNATIONAL STUDENT - Elementary Students pay \$72.00 - cheque attached ☐- Secondary Students pay \$108.00 - cheque attached ☐ABORIGINAL HERITAGE: FIRST NATION ☐ INUIT ☐ METIS ☐

Please use one set of Registration forms per Class. Please enter the dates "To" and "From" (between October 1 and May 31 in the current school year), during which the course will be held. Please check off the days on which the course will be held.

FROM: MARCH 3, 2020 TO: MAY 26, 2020 M ☐ T ☒ W ☐ Th ☐ F ☐

NOTE TO STUDENT AND PARENT/GUARDIAN: Punctuality and regular attendance are vital to the process of learning and the completion of this Program.

STUDENT AGREEMENT—My signature indicates my commitment to the Program.

\_\_\_\_\_  
STUDENT SIGNATURE\_\_\_\_\_  
TEACHER'S SIGNATURE\_\_\_\_\_  
DATE**PARENT/GUARDIAN APPROVAL**

This student has my approval to enrol in the course listed:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
DATE

PRINCIPAL'S APPROVAL (original signature required please).

\_\_\_\_\_  
PRINCIPAL SIGNATURE\_\_\_\_\_  
DATE