



# MARKVILLE SECONDARY SCHOOL

1000 Carlton Road  
Markham, Ontario  
L3P 7P5

Tel: 905.940.8840  
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October 17<sup>th</sup>, 2018

Dear Parent/Guardian,

The **Ontario Secondary School Literacy Test (OSSLT)** is a requirement for students who wish to graduate with an Ontario Secondary School Diploma. At Markville Secondary School, we are taking many steps to assist our students in completing the OSSLT successfully. One way that the Student Success Team at the school has chosen to assist our students is by offering an **After School Literacy Program** to reinforce reading and writing skills. Your son/daughter has expressed interest in the program.

Here are some common questions and answers in regards to the program:

**When is the date of the OSSLT?**

Wednesday, March 27<sup>th</sup>, 2019

**When is the After School Literacy Program going to be offered?**

The program will start on Monday, November 12<sup>th</sup> and will end on Wednesday, December 12<sup>th</sup>, 2018.

**At what time and where will the After School Literacy Program run?**

The program will run from 3:00 pm - 4:30 pm, Mondays and Wednesdays at Markville S.S.

**What is the cost of the program?**

The program is offered **free of charge** to most students. (There is a fee for International students.) Refreshments and motivational items will be provided at each session.

**Is attendance mandatory?**

Once enrolled in the program, students should attend all classes to receive intensive practice with reading and writing skills and strategies in order to get maximum benefit of the program.

**Is transportation provided?**

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

**Will a report card be issued at the end of the program?**

At the end of the program students will receive a checklist of strengths and needs, as well as a certificate recognizing their accomplishments.

While receiving additional assistance through the After School Literacy Program, your son/daughter will continue to receive regular instruction from his/her classroom teachers related to the reading and writing skills required for each subject. The Student Success Team believes that this special program will make a difference in your son's/daughter's knowledge and confidence related to reading and writing and the successful completion of the OSSLT.

Please read and complete the attached Student Registration Form. Your signature is required as permission for your son/daughter to participate in the **After School Literacy Program**.

If you have any questions, please feel free to contact Mr. McKillop via e-mail at: [david.mckillop@yrdsb.ca](mailto:david.mckillop@yrdsb.ca)

Sincerely,

Mrs. Kathy McAlpine  
Vice-Principal

Mr. David McKillop  
Literacy Teacher



**AFTER SCHOOL PROGRAM  
LITERACY/~~NUMERACY~~  
STUDENT REGISTRATION FORM**

**PLEASE PRINT ALL INFORMATION**

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

**STUDENT NAME:** \_\_\_\_\_  
Surname First Name

**GENDER:** M ☐ F ☐ **DATE OF BIRTH:** \_\_\_\_\_  
YEAR MONTH DAY

**ADDRESS:** \_\_\_\_\_  
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 \$68.55 - cheque attached ☐  
- Secondary Students pay \$102.80 - 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:** November 12 **TO:** December 12 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