



# BIRRONG GIRLS HIGH SCHOOL

Principal: M Fletcher  
BA, MEd

Telephone: (02) 9644 5057 Fax: (02) 9644 8157

Cooper Road  
BIRRONG 2143

1 February 2017

Dear Parent/Guardian

Birrongs Girls High School has been operating its after school Homework Centre for eight years now. Owing to its success, we are delighted to announce that we are operating the Homework Centre again in 2017.

The Homework Centre's program will offer your daughter a supervised facility where she can complete her homework, research and assignments.

The Homework Centre operates in the school's library to provide your daughter with a safe, interruption-free and supportive learning environment.

The Homework Centre will be open on Monday, Tuesday, Wednesday and Thursday afternoons between 2.50pm – 4.45pm.

The Homework Centre will commence operating from Monday, 6 February 2017.

Please do consider the benefits of the Homework Centre and encourage your daughter to utilise its amenities as an additional resource for her learning. **All you need to do is complete the permission slip below and return it with your daughter to give to Mr Ali.**

If you have any queries about the Homework Centre please do not hesitate to contact Mr Ali on 9644 5057.

Yours faithfully

Mr Ali  
Head Teacher, Teaching and Learning;  
Homework Centre Coordinator

Ms Fletcher  
Principal

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## HOMEWORK CENTRE PERMISSION SLIP

I, the parent/guardian of \_\_\_\_\_ from Year \_\_\_\_\_ in Roll Call \_\_\_\_\_, give permission for my daughter to attend Birrongs Girls High School's Homework Centre in 2017.

I understand that the Homework Centre will operate in the school's Library after school hours between 2.50pm – 4.50pm on Mondays, Tuesdays, Wednesdays and Thursdays.

I also understand that once my daughter has finished using the amenities of the Homework Centre she will be expected to make her way home as per a normal school afternoon. I will arrange for my daughter to be picked up, otherwise she will be making her own way home.

My child has the following ongoing medical conditions/allergies you need to be aware of (asthma, epilepsy, etc):  
\_\_\_\_\_

My After-School Hours Emergency Phone Numbers are (please provide two phone numbers):

Phone Number One: \_\_\_\_\_ Phone Number Two: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of parent/guardian

\_\_\_\_\_  
Date

**PLEASE RETURN THIS PERMISSION SLIP TO MR ALI AS SOON AS POSSIBLE.**