

Student Application

What is Saturday Program Mississauga?

Saturday Program Mississauga (SPM) is a tutoring and mentorship program that serves local high school students who have the potential to achieve more academically. The majority of mentees are grade 9 and 10 students who want help with math, science, or English. Mentors are UTM students from various programs of study, including medicine, the concurrent teacher education program, and other undergraduate and graduate programs. Over the past two years, SPM has been successful in boosting the marks of our mentees, some by as much as 30%.

What does the program entail?

Sessions are held Saturday mornings for 10 Saturdays between January and April at the Terrence Donnelly Health Sciences Complex at the University of Toronto Mississauga. In addition to tutoring, students and mentors can also participate in fun and interactive workshops.

A typical schedule for a Saturday morning:

9:40 - 9:45	Arrival & sign-in
9:45 - 11:00	Tutoring
11:00 - 12:00	Workshop (or continued tutoring if preferred)
12:00 - 1:00	Free lunch!

How do I participate?

If you are interested in participating, please complete this form with your parent/guardian and submit it by **December 4, 2017**. To submit, you can scan a completed and signed copy and email it to saturday.program.mississauga@gmail.com, or mail a paper copy to the address below:

Saturday Program Mississauga c/o Mark Wlodarski Terrence Donnelly Health Sciences Complex, 2nd floor 3359 Mississauga Road North Mississauga ON L5L 1C6

A digital copy of this form can be obtained by emailing address above.

Student Conta	act Information	
Full Name: Ashan Jayasinghe		
School: Applewood Heights Secondary School		Grade: 10
Home Address (#, street, city, postal code): 4050 Dixie Road, Mississauga ON, L4W 5H4		
Cell phone #: 416 817 8099	Home phone #:	
Email address: ashan.jaya@yahoo.com	Circle the best way to get you: cell phone, home phone	

Parent/Guardian Contact Information		
Name: Andrew Jayasinghe	Relationship to student: Father	
Email address:	Phone number in case of emergency:	
andrewjayasin@hotmail.com	416 817 8099	

Which subjects and grades do you want help with? (Include both semesters) Science and Mathematics are the two subjects that I would like help with this year.

What extra help, if any, are you receiving outside of school? I'm receiving no extra help outside of school.

What are your goals for this program?

My goals for this program is to learn excessive skills in the workshops, and to improve in my grades for the intended subjects

Have you participated in SPM in the past? (yes/no)

Interests (to help us match you with mentors)		
Career Interests	Something in finance or business	
Extracurricular Interests	playing sports, and reading	

CONFIDENTIALITY

The information collected on this form will be protected under the Municipal Freedom of Information and Protection of Privacy Act, 1989.

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Do you have any dietary needs/allergies that we should be aware of? (Be specific)			
Allergies	Dietary needs		
None	None		
Comments & Concerns:			

Optional: This year we are looking for a few student liaisons to join the SPM team. Student liaisons are high school students who play a role in organizing SPM sessions. This is a great opportunity to develop leadership skills. Responsibilities include:

- Facilitate communication between Saturday Program Mississauga and guidance counselors and teachers at your school
- o Act as a student representative and voice students concerns to the SPM coordinators
- Assist in daily operations of Saturday morning sessions including set-up, cleanup, and transitioning between scheduled activities (this will not interfere with your tutoring time)
- Help plan and organize 1-2 workshops (you would still be able to enjoy most of the workshops as a participant)

If you are interested in being a student liaison, please answer the question below. Note: preference will be given to students who participated in SPM previously with good attendance.

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PARENTAL CONSENT FORM This program is organized by University of Toronto medical students in partnership with the faculty of Medicine Office of Student Affairs, and the Peel District School Board. Student:	
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Will you attend the first session with my son/dau	ghter/ward (Jan 11, 2014)?	YES / NO
Name:		
Signature:	Date:	

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STUDENT MEDIA RELEASE FORM

I,		, hereby consent to my child	<u> </u> ,
(Name	of Parent/Guardian/Caregi		(Name of Child)
being:	filmed, audiotaped interviewed videotaped photographed		
session	` -	demic year, for publications an	at Mississauga during Saturdand productions relating to and/o
	(Signature of Parent/Gi	 uardian/Caregiver)	(Date)