



Turner Fenton Secondary School

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Principal:
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Vice-Principal:
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Vice-Principal:
Sue Laidlaw

Office Manager (Acting):
Leslie Lonsdale

September 29, 2014

Dear Parents/Guardians,

As you may be aware, all students in Grade 9 and 10 will be writing an EQAO test this year, either in mathematics in Grade 9 or in literacy in Grade 10. **We would like to ensure all students at Turner Fenton Secondary School experience success.** We know that many of the students who are experiencing difficulty are having difficulty with numeracy and literacy skills, as well as homework completion in a range of subject areas, and **we would like to help!** We will be running the Board sponsored **Counting on You program** here at Turner Fenton.

The details are as follows:

- **Counting on You** will take place on Tuesdays and Thursdays.
- The program will run from **3:00pm – 4:30pm.**
- It will take place in **room 131, 134, and room 137.**
- Snacks will be provided but students are encouraged to bring their own water bottles as it is too difficult to provide beverages on a consistent basis.
- Students must bring the appropriate notebooks and textbooks.

Student eligibility for this after school program is based on Teacher and Administrator's recommendation and student interest and commitment. We would like your child to be successful in meeting course requirements. It is an expectation that students who enroll in this program attend on a regular basis. Should your child miss a class, a note or phone call from a parent or an explanation from the student is expected upon the student's return. **This opportunity is a privilege and only committed and dedicated candidates will be accepted. Please return the consent form promptly.**

Through active participation and commitment to the program, we at Turner Fenton feel that this opportunity will make a difference in your child's chance of success in this school year, and upon his or her academic career and attitude toward learning. Please return the permission form (next page) to Ms. King in the North Main office .

Sincerely,

Ms. S. Laidlaw, Vice Principal

Ms. A. Filice, COY Lead Teacher

Below are the dates which have been selected for the program. Please check the schedule carefully.

Tuesday October 7
Thursday October 9
Tuesday October 14
Thursday October 16
Tuesday October 21
Thursday October 23
Tuesday October 28
Thursday October 30
Tuesday November 4
Thursday November 6
Tuesday November 11
Thursday November 13
Tuesday November 18
Thursday November 20
Tuesday November 25
Thursday November 27
Tuesday December 2
Thursday December 4
Tuesday December 9
Thursday December 11
Tuesday December 16
Thursday December 18
Tuesday January 6
Thursday January 8
Tuesday January 13
Thursday January 15
Tuesday January 20
Tuesday February 3
Thursday February 5
Tuesday February 10
Thursday February 12

Tuesday February 17
Thursday February 19
Tuesday February 24
Thursday February 26
Tuesday March 3
Thursday March 5
Tuesday March 10
Monday March 23
Tuesday March 24
Wednesday March 25
Tuesday March 31
Tuesday April 7
Thursday April 9
Tuesday April 14
Tuesday April 21
Thursday April 23
Tuesday April 28
Thursday April 30
Tuesday May 5
Thursday May 7
Tuesday May 12
Thursday May 14
Tuesday May 19
Thursday May 21
Tuesday May 26
Thursday May 28
Tuesday June 2
Thursday June 4
Tuesday June 9
Thursday June 11

Please note that this session of Counting On You begins Thursday October 7th, 2014, and we are happy to welcome your son or daughter when they arrive.

It is through active participation and attendance that your child will receive the most benefit from this program. We hope that by the end of this program, your child will not only be more successful in his/her classes, but will have greater confidence, interest and independence in learning.

Thank you for allowing your child to take part in the wonderful opportunity.

Permission Form For Counting On You
(Please return to Ms. King in the North Main Office)

Name of Student: _____

Student ID#: _____

Is committed to attending all sessions of the Counting On You program.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____