



# Mississauga Secondary School

550 Courtney Park Drive West, Mississauga, ON, L5W 1L9 905-564-1033 FAX: 905-564-0052

Dear Parent(s) or Guardian(s),

## Mississauga S.S. is 'Counting on You':

An innovative after-school, non-credit program designed to improve literacy, numeracy *and* learning skills in grades 9 and 10

Mississauga Secondary School is proud to announce that we will continue to offer the **Counting on You** Program for our grade 9 and 10 students this semester. We will host the literacy and numeracy programs after school from February to May at absolutely no cost to you. Students and parents must make arrangements for transportation from school at the end of each session. Mississauga Secondary School firmly believes that this opportunity will have a tremendous impact on students and help them to become more successful, independent learners.

### A student is eligible for this program if he/she is:

- ❖ In grade 9 or 10 and is in need of extra support to succeed in literacy based courses and mathematics. This program is open to all students who wish to improve their skills.

### In a small group setting, students enrolled in the Counting on You Program will:

- Improve essential numeracy *and* literacy skills (two separate programs);
- Develop key learning strategies *and* critical thinking skills essential in all subject areas;
- Experience greater success, learning *and* achievement across the curriculum, and;
- Become better prepared for participation in provincial tests - (Gr. 9) EQAO. (Gr. 10) OSSLT

**All sessions run after school from 2:45 to 4:15 p.m. on Monday and Wednesday, or Tuesday and Thursday.**

Mr. K. Williams  
Lead Teacher - Counting on You

# Counting on You Program at Mississauga Secondary School

## \*\*Enrolment Form for Grade 9 and 10 students\*\*

Please complete and return this form to Mr. K. Williams

Print neatly in the spaces below:

### Student Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Number (ID#) \_\_\_\_\_ Home Form Teacher \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name(s) \_\_\_\_\_

Contact telephone number where your parents can be reached between 2:45 and 4:15 p.m.  
daily \_\_\_\_\_

Alternate telephone number \_\_\_\_\_

### Which Counting on You Program are you registering for?

Check off the appropriate box.

Literacy Program

Numeracy Program

### **I agree to the following as expectations for participation and success in the Counting on You Program:**

- (1) Attend all classes *and* participate actively in all lessons;
- (2) Communicate *and* explain any student absences to my Counting on You teacher.
- (3) Work with P.R.I.D.E (refer to your student agenda);
- (4) Follow all school *and* school board expectations that apply to daily school life (refer to your student agenda), and;
- (5) Arrange for transportation from school *to* home after each daily session.

\_\_\_\_\_  
Student Signature