



8<sup>th</sup> October 2018

Dear Name of Parent/Carer

## **ACADEMIC MENTORING SUPPORT**

The school has teamed up with London Met University to offer students in Year 9 the opportunity to receive academic mentoring in Maths, English and Science.

[Pupil name] has been referred to me by their Head of Year and identified as a student that might possibly benefit from some additional support such as Academic Mentoring. Throughout the mentoring support, [Pupil name] will be provided with the opportunity to explore some of the issues that may be affecting their learning and achievable targets will be set and monitored. The sessions will be specific to the subject and give them the necessary transferable skills.

The purpose of mentoring is to provide support, to encourage and to enable pupils to identify any barriers they might have that prevent learning. I envision [Pupil name] being able to work successfully towards overcoming some of their challenges, realising their true potential and working to the best of their ability as well as enjoying and contributing fully as a member of the Cardinal Pole Catholic School Community.

If you have any queries regarding the Academic Mentoring Support, please do not hesitate to contact me on the above number.

Please discuss the above with [Pupil name] and complete the slip below for acknowledgement and consent and return it to me.

**Venue:** Cardinal Pole Catholic School  
**Date(s):** Every Monday from 29<sup>th</sup> October 2018  
**Time:** 8.30am – 9.05am

Yours sincerely,

Mr A Akinola  
**Pastoral Manager for Years 9 & 10**

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### **REPLY SLIP: ACADEMIC MENTORING PROGRAMME – PLEASE RETURN TO MR AKINOLA**

I acknowledge receipt of this letter and understand the added support being put in place for my child

Name: \_\_\_\_\_ Form: \_\_\_\_\_

I do/do not agree to my child's participation in the Academic Mentoring - (Please delete)

Name of Parent/Carer: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_