



August 2023

Dear Parent(s)/Guardian(s)

After School Study session will commence for the new academic year this Monday, 4th September. These, supervised sessions, offer a structured, effective and consistent timetable for study in an optimum environment and we would strongly recommend that students consider availing of this opportunity.

The options available are outlined below:

September - December

6th Years	Monday-Thursday 2 hour session
6th Years	Monday-Thursday 3 hour session
6th Years	Additional Friday session
5th Years	Monday-Thursday 2 hour session
5th Years	Additional Friday session
3rd Years	Monday-Thursday 2 hour session
2nd Years	Monday-Thursday 1.5 hour session
1st Years	It is intended to begin sessions for 1st Years in early October. This will be communicated to parents later in the term

Study begins 20 minutes after school finishes and students are expected to be seated on time. Each student will then be given a designated study seat. Please select the days on which your daughter wishes to take part in after school study, by printing the form below. Please note that once the days are nominated they **cannot** be changed. Study seats are **limited this year** and they are awarded on a first come first served basis upon receipt of payment and submission of application form.

Payment is due no later than Friday, 15th September. The chart below shows the breakdown of the cost. **All students must return the consent form below to Reception, in an envelope marked 'Supervised Study' to secure their place.** Please note that Our Lady's School has a facility for online payments (Easy Payments) through our website www.olschool.ie. Alternatively, a cheque should be made payable to 'Our Lady's School' and handed with the attached consent form to the Receptionist, in an envelope marked with the student's name, class and 'Supervised Study'.

Attendance will be taken by each supervisor. Attendance can be made available to parents. If your daughter must leave study early, **permission must be given on the app before 15.00.**

Yours faithfully,
Mr Farrelly
School Study Programme Co-ordinator



Parents' Consent Form

I wish my daughter, _____ Class: _____ to avail of the supervised study facility in the school.

Please tick the relevant boxes below.

YEAR GROUP	Please tick the appropriate box	DAYS YOUR DAUGHTER WISHES TO REGISTER FOR STUDY	Please tick the appropriate box/es
6th Year		Monday	
5th Year		Tuesday	
3rd Year		Wednesday	
2nd Year		Thursday	
* Please note that Fridays are for 5th and 6th Years only		Friday*	

**Please indicate below the option that you wish to avail of.
Second years**

OPTIONS	3 days @1.5 hours €150	4 days @1.5 hours €200
PLEASE TICK THE RELEVANT BOX		

By signing below you are acknowledging that your daughter has read and understands the After School Study rules. By signing below you are acknowledging that Study seats are **limited this year** and that they are awarded on a first come first served basis upon receipt of payment and submission of application form.

Signed: _____ Date: _____
(Parent/Guardian)

Parents' Consent Form

I wish my daughter, _____ Class: _____ to avail of the supervised study facility in the school.

Please tick the relevant boxes below.

YEAR GROUP	Please tick the appropriate box	DAYS YOUR DAUGHTER WISHES TO REGISTER FOR STUDY	Please tick the appropriate box/es
6th Year		Monday	
5th Year		Tuesday	
3rd Year		Wednesday	
2nd Year		Thursday	
* Please note that Fridays are for 5th and 6th Years only		Friday*	

Please indicate below the option that you wish to avail of.

Third & fifth years

OPTIONS	2 days @2rs €130	3 days @2hrs €195	4 days @2 hrs €255	*5 days @2 hrs €320
PLEASE TICK THE RELEVANT BOX				
				*5th yrs only

By signing below you are acknowledging that your daughter has read and understands the After School Study rules. By signing below you are acknowledging that Study seats are **limited this year** and that they are awarded on a first come first served basis upon receipt of payment and submission of application form.

Signed: _____ Date: _____
(Parent/Guardian)

Parents' Consent Form

I wish my daughter, _____ Class: _____ to avail of the supervised study facility in the school.

Please tick the relevant boxes below.

YEAR GROUP	Please tick the appropriate box	DAYS YOUR DAUGHTER WISHES TO REGISTER FOR STUDY	Please tick the appropriate box/es
6th Year		Monday	
5th Year		Tuesday	
3rd Year		Wednesday	
2nd Year		Thursday	
* Please note that Fridays are for 5th and 6th Years only		Friday*	

Please indicate below the option that you wish to avail of:

Sixth years only

OPTIONS	3 days @2hrs €195	4 days @2hrs €255	3 days@3 hrs €290	5 days@2 hrs €320	4 days @3hrs €385	4 days @3hrs + 1 day @2hrs Friday* €450
PLEASE TICK THE RELEVANT BOX						
* Please note that Fridays are for 5th and 6th Years only						

By signing below you are acknowledging that your daughter has read and understands the After School Study rules. By signing below you are acknowledging that Study seats are **limited this year** and that they are awarded on a first come first served basis upon receipt of payment and submission of application form.

Signed: _____ Date: _____
(Parent/Guardian)