

Wachusett Regional School District

**Chocksett Middle School**

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Monday, January 9, 2012

Dear 5<sup>th</sup> and 6<sup>th</sup> Grade Parent(s) /Guardian(s),

This letter is to inform you that we will be running the ASAP Program (Academic Student Assistance Program,) again this spring. . Each session will run twice weekly on Tuesday and Thursdays and will run for ten weeks. There is a maximum number of 20 students allowed to participate with a minimum number of 15 students needed for the program to run. Participation will be on a first come first serve basis. The cost associated with your child attending the spring ASAP session is \$75.00.

Each ASAP class will be overseen by one teacher and one instructional aide and will focus on study skills, organizational skills, time management skills and homework planning. Student volunteers from grade 7 and 8 will continue to be asked to participate. There may be an opportunity for students to begin homework assignments prior to the end of class.

If you are interested in having your child participate in the spring session of ASAP, **please send a check for \$75.00 dollars made out to WRSD**, along with the permission slip below, to the Chocksett main office no later than, **Wednesday, January 25, 2012./ NOTE: EXTENDED UNTIL 1/31/12**

If you have any questions regarding the program, please do not hesitate to call Mrs. Sabacinski, Assistant Principal @ 978-422-6552.

**Spring ASAP Class will begin: Tuesday, January 31, 2012 and end Thursday, May 3, 2012.**

**Please note: There will be no classes during both February and April Vacation Weeks AND, no classes during the 2 week MCAS Testing Window in March, ( weeks of March 19<sup>th</sup> and March 27<sup>th</sup>)**

Yes, I would like my child, \_\_\_\_\_ to participate in or to volunteer for, the fall ASAP, (Academic Student Assistance Program,) beginning on Tuesday, 1/31/2012.

I have enclosed a check for \$75.00, made payable to WRSD, for payment of my child’s participation in the program. I understand the program will run on Tuesday and Thursdays barring any school cancellations, or half school days. I further understand that my child must be picked up promptly from the program at 4:00 PM.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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*For office use only:*

\_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

*Date form returned to office*

*check enclosed*

*received by*