



Task Title: Read a School Notice

OALCF Cover Sheet – Learner Copy

Learner Name: _____

Date Started: _____

Date Completed: _____

Successful Completion: Yes ☐ No ☐

Goal Path: Employment ☐ Apprenticeship ☐

Secondary School ☐ Post Secondary ☐ Independence ☐

Task Description: The learner is read a family scenario and will use it to fill out an activity permission form from a teacher at the children's school.

Main Competency/Task Group/Level Indicator:

- Find and Use Information/Read continuous text/A1.2
- Find and Use Information/Interpret documents/A2.1
- Communicate Ideas and Information/Interact with others/B1.1
- Communicate Ideas and Information/Complete and create documents/B3.2a

Materials Required:

- Pen/pencil and paper and/or digital device

Learner Information

Children often participate in activities at school. These activities may require permission forms, additional supplies, money, or parent volunteers.

Read the “School Skating Notice” and scan the “Alliston Public School Skating Days Permission Form”. Two copies of the Permission Form are included.

Your instructor will then read a scenario to you.

School Skating Notice

Alliston Public School
123 Any Street
Alliston, Ontario
L9R 1G2
(705) 435-1111

January 25, 20__

Dear Parents,

During the months of February and March the primary grades will be going skating at the Alliston Arena. All students in Junior and Senior Kindergarten must wear helmets on the ice. No strollers will be allowed on the ice. Your child must have skate guards. If you do not have any skates, please let your child's teacher know as we have extra pairs of skates with guards at the school.

We also need parent volunteers to help tie skates and to skate with the children. Please call the school at 705-435-1111, or write on the permission form if you can volunteer.

Here are the scheduled skating times for each class:

- Tuesday, February 6 Mrs. Smith, Mr. Jones, Mrs. James
9:30 a.m. - 10:30 a.m.
- Wednesday, February 7 Mr. Bain, Mrs. Roundtree, Mrs. Miles
1:00 p.m. - 2:00 p.m.
- Friday, February 9 Mrs. White, Mr. Bates, Mrs. Cole
9:30 a.m. - 10:30 a.m.
- Wednesday, March 6 Mrs. Smith, Mr. Jones, Mr. James
9:30 a.m. - 10:30 a.m.
- Friday, March 8 Mr. Bain, Mrs. Roundtree, Mrs. Miles
1:00 p.m. - 2:00 p.m.

Please complete and sign the attached permission form indicating if you wish your child to participate in skating or not.

Yours truly,

The Primary Grade Teachers,
Alliston Public School

Alliston Public School Skating Days Permission Form

Teacher's Name: _____

Child's Name: _____

I grant permission for my child to participate in school skating days:

☐ Yes

☐ No

My child needs to borrow skates and guards:

☐ Yes Size: _____

☐ No

I will volunteer to help out on the following days:

Parent/Guardian Signature _____

Date _____

Please return this completed form to the school by February 1. Thank you.

Alliston Public School Skating Days Permission Form

Teacher's Name: _____

Child's Name: _____

I grant permission for my child to participate in school skating days:

☐ Yes

☐ No

My child needs to borrow skates and guards:

☐ Yes Size: _____

☐ No

I will volunteer to help out on the following days:

Parent/Guardian Signature _____

Date _____

Please return this completed form to the school by February 1. Thank you.

Work Sheet

Task 1: Answer orally the questions your instructor asks you based on the scenario.

Answer: No written response required here.

- a) Task completed successfully: Yes: ☐ No: ☐
- b) Task completed successfully: Yes: ☐ No: ☐
- c) Task completed successfully: Yes: ☐ No: ☐
- d) Task completed successfully: Yes: ☐ No: ☐

Task 2: Fill out one permission form for each child.

Answer: No written response required here.

Task completed: Yes: ☐
