**Parent’s Evening**

Dear Parents and Carers,

Parent’s Evening will be held on Wednesday 8th & Thursday 9th November at the times below. This will give you the opportunity to discuss your child’s progress and any concerns you may have with their class teacher. If you would prefer a telephone consultation, please select below the preferred time and your child’s class teacher will call you.

Please tick the dates you are available on the slip below and return it to school as soon as possible. If you have more than one child in school, we will organise separate times on your selected days. Once you have selected your availability, and returned the slip, we will send you the reply slip back with a date and time.

If you are unable to attend any of these days or times, please contact your child’s class teacher and we will try to arrange an alternative time:

Yours sincerely,

Mr P. Greaves.

……………………………………………………………………………………………………………………………………………………………………

**Parent’s Evening**

Child’s Name………………………………………… Class…………………………

I would prefer a face to face appointment on:-

I would like a telephone appointment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  | **Wednesday 8th November** | **√** | **Thursday 9th November** | **√** |
| Time slot  | 3.30 – 4.00pm |  | 3.30 – 4.00pm |  |
| 4.00 – 4.30pm |  | 4.00 – 4.30pm |  |
| 4.30 – 5.00pm |  | 4.30 – 5.00pm |  |
|  |  |  | 5.00 – 5.30pm |  |
|  |  |  | 5.30 – 6.00pm |  |
|  |  |  | 6.00 – 6.30pm |  |

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**Parent’s Evening**

Child’s name………………………………………………………………………………..

An appointment has been made for you to discuss your child’s progress with their class teacher on;

……………………………………………………………………………………………………………..…

at………………………………………………….pm.