



**PARENT AND TEACHER CONSULTATIONS**

**Please return this form to your child's teacher by Thursday 19 October 2017.**  
**Appointments will be allocated on a first come, first served basis.**

**THE TEACHER WILL COMPLETE THE SECTION AT THE BOTTOM OF THIS FORM WITH YOUR ALLOCATED TIME AND THE FORM WILL BE RETURNED TO YOU VIA YOUR CHILD AS SOON AS POSSIBLE.**

Child's name ..... Class .....

Please try to make an appointment for me during either of the two periods marked:

- Wednesday 1 November**
- 3.00 – 3.30
  - 3.30 – 4.00
  - 4.00 – 4.30
  - 4.30 – 5.00
  - 5.00 – 5.30
  - 5.30 – 6.00

- Thursday 2 November**
- 4.00 – 4.30
  - 4.30 – 5.00
  - 5.00 – 5.30
  - 5.30 – 6.00
  - 6.00 – 6.30
  - 6.30 – 7.00
  - 7.00 – 7.30
  - 7.30 – 8.00

Parent's name (Block Capitals) .....

Please state your chosen times for your other children if applicable:

Name of child ..... Class ..... Chosen times ..... & .....

Name of child ..... Class ..... Chosen times ..... & .....

**PARENT AND TEACHER CONSULTATIONS TEACHER ALLOCATED TIME**

I shall be pleased to see you on:

Wednesday	Time:
Thursday	Time:



