



Caldy Road
West Kirby
Wirral
CH48 2HE

Telephone: 0151 625 6993

Fax: 0151 625 0332

E-mail: Schooloffice@avalon-school.co.uk

Headteacher: Mrs J Callaway BA Hons QTS

31st October 2016

Dear Parents/Carers,

**Parents' Evening
Reception, Year 1, Year 4 and Year 6
Wednesday 16th November 2016**

Parent / Teacher meetings for pupils will be held on Wednesday 16th November 2016 from 3.20pm for Infants and from 4.00pm for Juniors.

Appointments will last for 5 minutes to discuss your child's progress to-date. Meetings will be held in classrooms.

Miss Tweed will be available to meet with parents from 4.00pm. Similarly if your child receives support tuition from Mrs Tooley she will also be available from 4.00pm, please indicate on the reply slip if you would like to make an appointment.

Refreshments will be available in the school hall. Please can you indicate on the reply slip whether you require any early or late appointment. Reply slips should be returned to your child's form teacher by **Monday 7th November 2016** so that appointment times can be confirmed with you.

A late room will be in operation from 3.20pm until 5.30pm, for pupils to be supervised during your appointment with teaching staff only. If you require your child to be looked after for a longer period than this, please book them into After School Club which will operate as normal until 6.00pm or alternatively, please make other arrangements for your child's supervision.

Yours sincerely

Mrs J Callaway
Headteacher



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**Parents' Evening
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Wednesday 16th November 2016**

Child's Name: _____ Year: _____

Parents' Evening Interview Time:

INFANT CHILDREN ONLY (REC & Y1)

Please tick as appropriate

I / We would prefer: An early appointment – 3.20pm to 5.00pm

A late appointment – after 5.00pm

JUNIOR CHILDREN ONLY (Y4 & Y6)

Please tick as appropriate

I / We would prefer: An early appointment – 4.00pm to 5.00pm

A late appointment – after 5.00pm

I / We would like a separate appointment with Miss Tweed (Science)

SUPPORT TUITION

Please tick as appropriate

My child receives support tuition

I / We would like an appointment with Mrs Tooley

LATE ROOM

Please tick as appropriate

Available between 3.20pm to 5.30pm for the duration of your meeting ONLY

I / We expect my / our child to require supervision

AFTER SCHOOL CLUB

Please tick as appropriate

Available between 3.00pm to 6.00pm

I / We have booked my / our child(ren) into After School Club

Signature of Parent/Carer: _____ Date: _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

**Please return this reply slip to your child's form tutor by
MONDAY 7TH NOVEMBER 2016**