



Good Shepherd Catholic Primary & Nursery School
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Head Teacher: Mrs Fernandes
 Deputy Head Teacher: Miss Milmoie
 Assistant Head Teacher: Ms Townsley

Friday 22nd September 2017

Dear Parents and Carers,

**RE: Parents Evening – Tuesday 3rd October 3.30 pm until 6.45 pm
 & Thursday 5th October 2017 3.30 pm to 5.30 pm.**

I am pleased to inform you that our Parents’ Evening will take place on the above dates and times. It is essential that you make every effort to attend as these meetings are important.

At the meeting you will be able to discuss your child’s targets and ways you can support them. We believe it is important to keep you informed so that you can effectively work with us in helping your child to achieve their full potential.

When choosing a slot please indicate your preferred time slot. We will then do our best to accommodate your request. Teachers will liaise with each other to ensure timings for siblings are kept together.

Please remember that we will arrange appointments on a first come first served basis so the sooner you reply, the better. If you are unable to attend on the above dates then please do not hesitate to speak to me or your child’s class teacher to make alternative arrangements. If we do not hear from you we will allocate you a slot as it is very important for you to meet with your child’s teacher. I look forward to seeing you all.

Yours sincerely

Mrs Fernandes
 Headteacher

**RE: Parents Evening – Tuesday 3rd October 3.30 pm until 6.45 pm
 & Thursday 5th October 2017 3.30 pm to 5.30 pm.**

Childs name.....Class.....

The appointment time that I would like to request is between:

Tuesday 3rd October

3:30-4:00	<input type="checkbox"/>	5:30-6:00	<input type="checkbox"/>
4:00-4:30	<input type="checkbox"/>	6:00-6:30	<input type="checkbox"/>
4:30-5:00	<input type="checkbox"/>	6:30-6:45	<input type="checkbox"/>
5:00-5:30	<input type="checkbox"/>		<input type="checkbox"/>

Thursday 5th October

3:30-4:00	<input type="checkbox"/>		<input type="checkbox"/>
4:00-4:30	<input type="checkbox"/>		<input type="checkbox"/>
4:30-5:00	<input type="checkbox"/>		<input type="checkbox"/>
5:00-5:30	<input type="checkbox"/>		<input type="checkbox"/>

**Please tick the appropriate box*

Signed.....Date.....

(Person with parental responsibility)

