## We You To Read!

Student: \_\_\_\_\_ Teacher: \_\_\_\_

$\sim$	Parent:	Date:	
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Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_

Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

Be part of our Summer Reading Party in the fall!
For every 20 minutes you spend reading this summer, write the date and get your parent's initials. Bring your completed sheet to school in September.

Email Mrs. Wills a picture of you reading with your mustache on at rhonda.wills@rbe.sk.ca!

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Student: _	 1 Edgues	

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Parent: \_\_\_\_\_\_ Date: \_\_\_\_\_

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