

Friday 5th February 2016

Dear Parent/Carer of	
them with their learning. It will still take pla	reracy booster group this half term, to support ace every Wednesday but we have changed the vill be running this booster group. The last session
Please complete the slip below and retur	n it to the class teacher to indicate that they
have permission to attend this group.	
• • • • • • • • • • • • • • • • • • • •	nave a healthy snack and a drink from home in wish to do so. The school will not be able to
Yours sincerely	
Mrs H Hastilow	
I give permission for my child to attend the lit	eracy booster group every Wednesday.
Child's name:	_
Medical conditions (if applicable):medication.	I will ensure my child has any necessary
Parent/Carer signature: E	Emergency contact number:
My child will be collected by:	
You can name more than one person who can	an collect your child.
My child can go home by themselves: Yes/N	• (please circle)