**![me_Benwick__Logo_GIF[1]]()Benwick Primary School**

**High Street, Benwick, March, Cambs. PE15 0XA**

**Telephone & Fax: 01354 677266 email:** **office@benwick.cambs.sch.uk**

**Headteacher: Mrs. J. North, BEd Hons, NPQH** [**www.benwick.cambs.sch.uk**](http://www.benwick.cambs.sch.uk)

**19-Oct-17**

**Dear Parents/Carers**

 **PARENT EVENINGS**

**Monday 6 November and Wednesday 8 November 2017**

This term our parent evenings will be on Monday 6 and Wednesday 8 November 2017. Please check below regarding the start time of your child’s teacher as there is a slight variation to start times due to prior commitments.

**Mrs Johnson – Robins** Monday 6 November 3.30pm – 7.00pm

 Wednesday 8 November ***4.00pm*** – 7.00pm

**Miss Farquhar – Doves** Monday 6 November ***5.30pm*** – 7.00pm

 Wednesday 8 November 3.30pm – 7.00pm

**Mr King - Owls** Monday 6 November 3.30pm – 7.00pm

 Wednesday 8 November 3.30pm – 7.00pm

**Mrs Goulbourne - Herons** Monday 6 November 3.30pm – 7.00pm

 Wednesday 8 November 3.30pm – 7.00pm

**Miss Wakefield/Mrs Wood - Swans** Monday 6 November 3.30pm – 7.00pm

 Wednesday 8 November 3.30pm – 7.00pm

Please remember that other parents are waiting to speak to the teachers and appointment times are for 10 minutes per child.

Yours sincerely



Mrs J North

Headteacher

**Please fill in the form below and return it to school by Monday 30October 2017 at the latest.**

**Appointments will be made in order of slips received by the school office.**

Name of Child / Children………………………………………………………………………………………………………..…

Name of Class ………………………………………………………………………………………………………………………….

Please tick preferences for appointment times.

 **MONDAY 6 NOVEMBER WEDNESDAY 8NOVEMBER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3:30 - 4:00 p.m. |  |  | 3:30 - 4:00 p.m. |  |
| 4:00 - 4:30 p.m. |  |  | 4:00 - 4:30 p.m. |  |
| 4:30 - 5:00 p.m. |  |  | 4:30 - 5:00 p.m. |  |
| 5:00 - 5:30 p.m. |  |  | 5:30 - 5:30 p.m. |  |
| 5:30 - 6:00 p.m. |  |  | 5:30 - 6:00 p.m. |  |
| 6:00 - 6:30 p.m. |  |  | 6:00 - 6:30 p.m. |  |
| 6.30 - 7.00 p.m. |  |  | 6:30 - 7:00 p.m. |  |
| Anytime |  |  | Anytime |  |

Please delete which does not apply

I cannot make either of these days.

Signed……………………………………………………………….....................…………………………………………………………

Please print name clearly………………………………………………………………………………………………………………..

**PLEASE RETURN SLIP BY MONDAY 30 OCTOBER 2017**