



Kelvedon St. Mary's
C of E Primary Academy
& Autism Support Centre

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October 2018

AUTUMN TERM PUPIL and PARENTS/CARERS LEARNING CONFERENCE

Dear Parents/Carers,

Our Autumn Pupil and Parents/Carers Learning Conferences will be held on **Wednesday 7th and Thursday 8th November.**

You will receive your child's 'one page summary' in advance with your appointment time. In response to your feedback, parents/carers of children in years R, 1 and 2 do not have to bring their child to the conference, but you can if you choose to. Children attending will, through their 'one page summary', talk about their learning with you and their teacher and your discussions will be formed around this.

The conferences will be held centrally in the school hall as usual.

Appointments will be between 3:30pm and 7:00pm. Please try to be flexible and make yourself available for as many time slots as possible.

Each appointment will be for no longer than ten minutes. Should you wish to discuss further matters and your time has run out, then your child's class teacher will be only too pleased to book a further appointment at a convenient time for you both where the matter can be discussed in full.

Please return the attached slip to your child's class teacher by Wednesday 17th October. Appointment times will go out on Tuesday 30th October.

Yours sincerely

M Walsh

M. Walsh
Headteacher

AUTUMN TERM PUPIL and PARENTS/CARERS LEARNING CONFERENCE – WEDNESDAY 7th and THURSDAY 8th November

Name of child _____ Class _____ 6T _____

Please tick the time slot where you are available (please tick as many slots as you can)

Wednesday 7 th November	3:30 – 4:30pm	4:30 – 5:30pm	5:30 – 6:30pm	6:30 – 7:00pm
Thursday 8 th November	3:30 – 4:30pm	4:30 – 5:30pm	5:30 – 6:30pm	6:30 – 7:00pm

Please indicate if your child has brothers or sisters in another class:

Name of child _____ Class _____ Name of child _____ Class _____

Name of child _____ Class _____ Name of child _____ Class _____

Signed _____

For class teacher use:

Name of child: _____ Class: _____ Appointment day/time: _____

