



Volunteer Reader Programme

Parent or Carer Name: _____

Child's name: _____

Child's class: _____

Contact telephone number and/or email address:

I am available to help with reading on the following days (please tick all that apply and let us know if you would prefer to come in during the morning or afternoon, or are available for either):

Monday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Friday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>

If there is a particular year group or groups that you would like to support, please tell us which one(s):

I have already contacted my class teacher about helping in school Yes ☐ No ☐

Please let us know if you will be able to attend one of the Volunteer Reader Introduction sessions:

I will attend the session on Thursday 17th October at 9.00 am ☐

I will attend the session on Friday 18th October at 9.00 am ☐

***Please return this form to the school office. You can email it to office@fernhill.rbksch.org
Thank you.***