



## 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 ☐ AM ☐ PM ☐

Tuesday ☐ AM ☐ PM ☐

Wednesday ☐ AM ☐ PM ☐

Thursday ☐ AM ☐ PM ☐

Friday ☐ AM ☐ PM ☐

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 return this form to the school office. You can email it to [office@fernhill.rbksch.org](mailto:office@fernhill.rbksch.org)  
Thank you.**