**REPORT REPLY SLIP**

**Please sign and return this response form to acknowledge receipt of your child’s End of Year report.**

If you would like to make a comment on the report and your child’s learning please feel free to do so – we would be very grateful for your views.

**Please return by Thursday 16th July. Thank you.**

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| --- | --- | --- | --- | --- |
| **Comments:**  Click or tap here to enter text. | | | | |
|  | | | | |
| **Child’s Name:** | Click or tap here to enter text. | | **Class:** | Click or tap here to enter text. |
|  | | | | |
| **Parents’ Name:** | | Click or tap here to enter text. | | |
| **Parents’ Signature:** | | Click or tap here to enter text. | | |