Repton Manor Primary School

Repton Avenue, Ashford, TN23 3RX
office@reptonmanor.kent.sch.uk
www.reptonmanorprimary.co.uk
Phone 01233 666307

Executive Headteacher   Matt Rawling
Head of School   Jackie Chambers
Deputy Headteacher   John Page
Chair of Federation   Wayne Wills

Year 6 Reading taskforce

Dear Families,

As part of our continued efforts to raise the standards of Literacy at Repton Manor, we are hoping to create a Reading taskforce of parent volunteers who can regularly come into school and help pupils with their reading. This support will help us to ensure the Year 6 children are secondary ready and are in the best possible position to start the next stage of their educational career. Reading regularly to an adult can have a profound impact on a child's overall literacy skills by expanding their vocabulary, developing their imagination, empathy and overall lifeskills – the benefits are limitless!

Volunteers will be working closely with the Year 6 team. Typically, you would work one-to-one with children, spending time with each child talking about the book that they are reading, listening to them read and, in some cases, supporting them in brief, planned comprehension tasks to develop their reading skills. We will cover the costs of DBS checks but would ask that you could commit to a set period of time.

Please complete the slip below (detailing the days/times you would be available) and return it to your child's class teacher. If you would like further information before volunteering, please do not hesitate to contact us.

We look forward to hearing from you.

Yours sincerely,

Amanda Bashford, Dan Jobber and Shannen Taylor

Request to Volunteer at Repton Manor Primary School

TITLE: _____

SURNAME: _____

ALL FORENAMES: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS Line 2: _____

COUNTY & POST CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

NI NUMBER: _____

AVAILABILITY:

Day	Morning (please specify the times you are available):	Afternoon (please specify the times you are available):
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CURRENT DBS NUMBER _____

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT AND I HEREBY GIVE MY PERMISSION FOR A DBS CHECK TO BE UNDERTAKEN SHOULD IT BE REQUIRED

SIGNED: _____

PRINT NAME: _____

DATE: _____