



## STUDENT REVIEW AFTERNOON

THURSDAY 9 NOVEMBER 2017

To: Hub Administrator, The City of Leicester College

Student Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Please indicate below your time preferences to meet with your child's tutor by putting 1 to 5 in the column next to your chosen time slots (**more than one time slot must be chosen**). You will need to attend 15 minutes prior to this to look at your child's work.

Time Slot	Order Preference (1 - 5)
13.00 – 14.00	
14.00 – 15.00	
15.00 – 16.00	
16.00 – 17.00	
17.00 – 18.45	

I / we will not be attending the Student Review Day.

Please note any specific points you know you would like to raise at the meeting.

Please let us know if English is not your first language and you would like an interpreter in  
\_\_\_\_\_ (name of language).

Signed: \_\_\_\_\_ (parent/carer) Date: \_\_\_\_\_

Print name: \_\_\_\_\_ (parent/carer)