

WEST SUSSEX COUNTY COUNCIL  
COPTHORNE C E JUNIOR SCHOOL



CHURCH ROAD, COPTHORNE, WEST SUSSEX, RH10 3RD

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2<sup>nd</sup> October 2026

Dear Parents and Carers

**Parent consultations – Year 6**

Immediately after half term, there will be the opportunity for parent consultations, which are taking place on Tuesday 3<sup>rd</sup> November and Wednesday 4<sup>th</sup> November, 2026. Most consultations will be face-to-face, however if you would still prefer the convenience of a phone call conversation then please indicate this on the form. Please be aware, these phone calls may be on a different mutually agreed day.

Mrs Bennett will be available through the face-to-face sessions. For those children on the SEND register and have additional needs, a slightly longer appointment may be given so that your child's current ILP can be discussed.

As all teachers will be carrying out consultations on both evenings, I ask that you only arrive for your appointment no more than 10 minutes beforehand. You will then be shown into the hall where you can look through some of your child's books. Please do not bring additional siblings to the appointment so that we can limit the number of people in the hall at one time if required.

Please find 'window' times and dates below:

|                               |                 |
|-------------------------------|-----------------|
| The 'windows' will be between | 3.30pm - 4.30pm |
|                               | 4.00pm – 5.00pm |
|                               | 4.30pm – 5.30pm |
|                               | 5.00pm - 6.00pm |

I have created 4 different choices, so that it will be easier to allocate a consultation in a convenient time slot.

To book a 'window', please choose **one** option from the attached form per child and return the form to the School Office by Monday 12<sup>th</sup> October. **We will not be accepting bookings via email or phone.**

Yours sincerely

Mrs Helen Denison  
Head teacher

**Parent Consultations - Autumn Term 2026**

Parent/Carer name: .....

Childs name/s: .....

Class / Classes: .....

**Please indicate whether you are requesting a face-to-face consultation OR a phone call below:**

***Request a face-to-face consultation:***

Please only chose **one** option per child for a face-to-face consultation.

|                   | Tuesday 3 <sup>rd</sup> November | Wednesday 4 <sup>th</sup> November |
|-------------------|----------------------------------|------------------------------------|
| 3.30 pm – 4.30 pm |                                  |                                    |
| 4.00 pm – 5.00 pm |                                  |                                    |
| 4.30 pm – 5.30 pm |                                  |                                    |
| 5.00 pm – 6.00 pm |                                  |                                    |

***Request a phone call consultation:***

Contact number for teacher to use for the consultation if required: .....

|  | Tuesday 3 <sup>rd</sup> November | Wednesday 4 <sup>th</sup> November |
|--|----------------------------------|------------------------------------|
|  |                                  |                                    |

Signature: ..... Date: .....