**WIDER OPENING OF SANDY SECONDARY SCHOOL:**

**YEAR 10 STUDENTS**

Student Name: ………………………………………………………………………….… Form: ……………………..

|  |  |
| --- | --- |
|  | **Please tick** |
| I/we\* are intending to send my child, named above, back to school week commencing Monday 15th June  |  |
| I/we\* will NOT be sending my child, named above, back to school week commencing Monday 15th June |  |

(\*please delete as appropriate)

Signed: …………………………………………………………………………………….… Form: ……………………..

Parent/Guardian Name: .………………………………………………………….… Form: ……………………..

(Please print clearly)

The reply slip has been left in Word format for ease of electronic completion and return using **parentcontact@sandysecondaryschool**. You can also email into the same address, stating your child's name and whether they will, or will not, be returning to school on Monday 15th June.

You can also print and return the slip direct to school, leaving it in our outer foyer for collection, or it can be posted to us at **Sandy Secondary School, Engayne Avenue, Sandy, Beds, SG19 1BL**.