**Leigh Beck Infant and Nursery Academy**
**Point Road, Canvey Island, Essex, SS8 7TD**
Company No. 954404
Executive Headteacher: Mrs E Lane
Acting Head of School: Mrs H Greensill
Deputy Head Teacher: Mrs T Smith
**Website: www.leighbeck-inf.essex.sch.uk**
**Email: admin@leighbeck-inf.essex.sch.uk**
**Tel: 01268 682322**

Monday 21st January 2019

Dear Parents/Carers,

**Reading Café**

All educational research shows that children who read regularly out of school achieve better in school. As a parent I understand how difficult it can be to read with your child and that sometimes they just won't do it! So we are here to help!

The Reading Café will be open in the hall from 2.40pm to 3.10pm (dates for year groups below). You are invited to come and eat cake and read with your child. We have purchased some amazing new books that you will be able to choose from. For children who do not have a parent/carer able to attend, they will read for pleasure with their teachers in their classroom.

These reads will count towards their 3 times weekly read. Younger children are welcome but not siblings who are in school: they must attend with their own year group. If you wish your child to attend with someone other than their parent/carer, we must be informed in advance in writing by filling in the attached form. Children will not be allowed to leave school before the end of the afternoon.

| | |
|---|---|
| **Tuesday 29th January 2019** | **Reception** |
| **Wednesday 30th January 2019** | **Year 1** |
| **Thursday 31st January 2019** | **Year 2** |

Thank you for your continued support.

Yours sincerely,

Mrs E Lane

**Executive Headteacher**

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

**Reading Café**

**Thursday 31st January 2019** **Year 2**

**Childs Name:** _____ **Class:** _____

☐ **I will be attending the Reading Café with my child on Thursday 31st January 2019**

☐ **I will not be attending the Reading Café with my child**

☐ **My child will be attending the Reading Café with** _____

**Signed:** _____ **Parent/Carer.**