



St. Mary's Catholic Primary School  
Ayr Drive, Jarrow NE32 4AW Tel. 0191 4898336: Fax. 0191 4898338

Executive Head Teacher: Mrs. M. Graham

Head of School: Mrs. A. Tumelty  
[soffice@stmarysjarrow.co.uk](mailto:soffice@stmarysjarrow.co.uk) [www.stmarysjarrow.co.uk](http://www.stmarysjarrow.co.uk)

14<sup>th</sup> March 2023

Dear Families,

We are shortly holding our spring parent/ family consultations and we are looking forward for you to be able to see your child's work. We do understand that telephone consultations suit some people so we are continuing to offer both.

Please indicate if you would prefer a face to face conversation or a telephone conversation. If a telephone conversation is booked, then it is likely that the teacher will phone you with NO CALLER ID shown. Please answer the call if this shows.

Then please choose a time slot, the teacher will phone you at some point within the hour or they will allocate you a time within that hour to come into school. The time slot will be confirmed via classdojo.

The meetings will last for five minutes and teachers will share information with you regarding how your child is attaining and progressing. If you and the teacher feel that the time allocated isn't enough, then the teacher will make an additional appointment. If you and the teacher deem that an appointment is needed with the team around special educational support then this can be arranged.

Reception- **Monday 17<sup>th</sup> April**

Year 1- **Monday 17<sup>th</sup> April**

Year 2- **Tuesday 18<sup>th</sup> April**

Year 3- **Tuesday 18<sup>th</sup> April**

Year 4- **Wednesday 19<sup>th</sup> April**

Year 5- **Wednesday 19<sup>th</sup> April**

Year 6- **Wednesday 19<sup>th</sup> April**

The return slip must be returned by **Friday 24<sup>th</sup> March 2023**.

Please hand to either to school office or the class teacher. Do not place it in your child's bag as they may possibly forget to hand it in.

Mrs Tumelty  
Head of School

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I would like to arrange a parent/ carer meeting with the class teacher. ☐

Name of child \_\_\_\_\_

Year group \_\_\_\_\_

Phone call ☐ or in-school appointment ☐

If phone call, the phone number that I would like to be contacted on is \_\_\_\_\_

Parent name \_\_\_\_\_

Preferable time slot- you may tick more than one box

1-2pm ☐

2-3pm ☐

3-4pm ☐

4-5pm ☐

5-5:30pm ☐



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