



FAMILY LITERACY NIGHT

TIME: 6:30-8:00

DATE: MARCH 6TH

NAME: _____

OF PEOPLE ATTENDING _____

**PLEASE RETURN THIS FORM BY
MARCH 5TH IN AN ENVELOPE
MARKED "FAMILY LITERACY
NIGHT" TO YOUR CHILD'S TEACHER**

**DON'T FORGET TO HAVE YOUR
CHILD BRING HIS/HER BOOK SWAP
BOOKMARK ON THE 6TH**