Grace Mary Primary School
Learning and Growing Together Hand in Hand

GRACE MARY PRIMARY SCHOOL – PARENT MEETING REQUEST FORM

Date: _____

Child's Name: _____

Class / Year Group: _____

(COMPLETE BELOW IF WE DO NOT HOLD IT ON FILE)

Phone Number: _____

Email Address: _____

Staff members in meeting:

Reason for Meeting (Tick all that apply):

- ☐ Academic progress
- ☐ Behaviour / wellbeing of pupils
- ☐ Special educational needs / support
- ☐ Friendship / social concerns
- ☐ Attendance
- ☐ Recent changes at home
- ☐ Family: support/Wellbeing/Safeguarding
- ☐ Other: _____

Preferred Meeting Format:

- ☐ In person
- ☐ Phone call
- ☐ Online meeting

Availability/Urgency:

- ☐ Routine (within 1–2 weeks)
- ☐ Soon (within a few days)
- ☐ Urgent (as soon as possible)

Brief Description of Concern (This helps us to do a pre-meeting investigation if necessary and assign most appropriate member of staff):

Outcome/action from meeting: