**Little River Elementary School**

**< Teacher Name / Grade >**

**2017-2018**

**< Date >**

Dear Parents:

We are planning an **End of School** celebration for our class!

Our celebration is scheduled for < Day of Week / Date of Celebration >. We are planning the following activities:

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If you would like to volunteer your time for this event, please contact us using the email address below.

If you would like to donate any items needed for the event, please see the list below for items needed. If you would rather make a voluntary donation to help provide for the items, please place the funds in an envelope marked “Room Parent.”

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Thank you in advance for your support!

< Room Parent Name > < Room Parent Name >

<Telephone Number > < Telephone Number >

< Email Address > < Email Address >