**MC900411934[1]Little River Elementary School**

**2017-2018**

**< Teacher Name / Grade >**

**< Date >**

Dear Parents:

During our Teacher Appreciation Week we would like to take a moment to say a special thank you to < Teacher Name >.

If you are planning an individual Teacher Appreciation Week for < Teacher Name >, please bring it to be presented the day of our Celebration. If you are interested in making a voluntary contribution to a group gift, please send in your voluntary cash contribution in an envelope marked “Room Parent” by < ***Day of Week / Date >***,

Thank you for making this year a success for all!

< Room Parent Name > < Room Parent Name >

< Telephone Number > < Telephone Number >

< Email Address > < Email Address >

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flower

Color

Season/Holiday

Snacks

Hobbies/Interests

Pets

Salty Snack

Sweet Snack

Restaurant

Store ­­\_\_\_\_\_