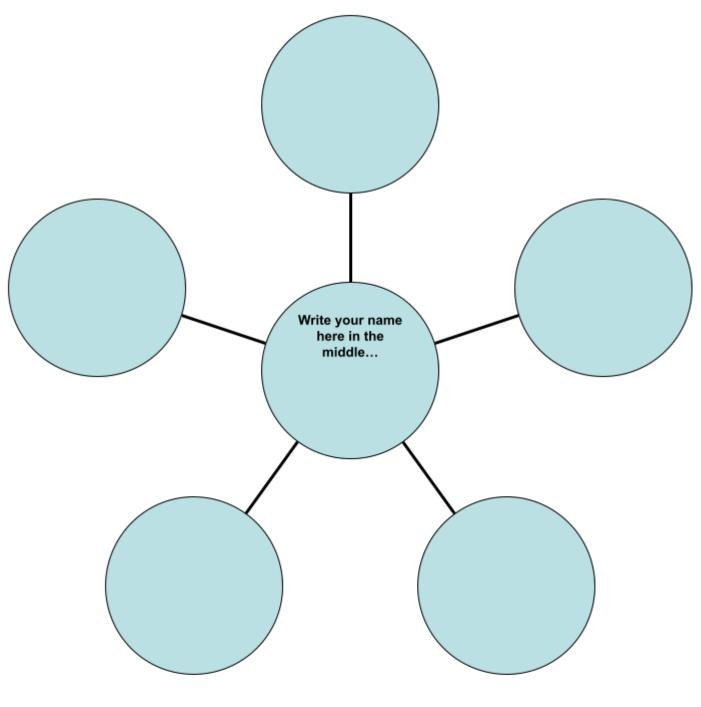
The Firs Lower School Circle of Friends



Name	Class	Date _		
Please write the names of	f five friends	you would	like to	be
with next vear. We will ma	ike sure vou	are with at	least	

one of them in your new class.

(It doesn't matter which circle you put them in)



Parent/carer's signature _____ Date ____

We will send this sheet back to you before the end of term, to let you know which friends are in your child's new class.