Friday 13th February, 2015

Dear Parents & Carers,

Kindergarten and Year 1 will be using the ABC Reading Eggs package as part of their Literacy and Technology programs this year. This program allows access from school and home targeting students’ individual literacy needs. The individual annual cost per student has been heavily subsidised from the regular direct to home price of $79.95 to $15. This cost has been subsidised by purchasing a class subscription and the school paying some of the subscription.

Students will have access to a range of online activities which they will initially complete at school then later as a component of their weekly homework activities.

The program consists of 120 literacy lessons with regular assessment tasks which students can work through at their own pace. The activities are based on the single sounds, letter recognition, letter blends and combinations, sight words, vocabulary building and online reading. Students initially complete a placement test in order to determine where they commence the program and can earn rewards as they complete lessons.

Students have access to Puzzle Park where they can complete word puzzles to practise sight word recognition and Story Factory where they can write their own stories. Students who require more challenging texts will be able to access Storylands. This area of ABC Reading Eggs encourages students to read for meaning whilst practising a range of comprehension strategies.

Please complete the slip below and return it with payment enclosed to the office by Friday 27th February. If you have any questions regarding the program please contact Mrs Simula via the school office.

Melissa Irvine/Sue Hitchenson  Kerri Webbey  Karen Simula  
K/1H Classroom Teachers  Relieving Assistant Principal  Relieving Principal
Reading Eggs Permission Note

I give permission for my child____________________________ of class ____________ to use ABC Reading Eggs. I have enclosed payment of $15 for the cost of the program.

Signed: ____________________________________________

_____________________
Parent/Carer

_____________________
Date

Credit Card Payment

Activity........................................................................................................................................

Student’s Name/s............................................................................................................................

Cardholder’

Name............................................................................................................................................(print only)

Card Number ______ ______ ______ ______

Expiry Date ______/____ CCV (Back of Card) ______ Amount $..................................................

Cardholder’s Signature........................................ Contact No........................................ Date.............