

Parent/Teacher Conferences

**Parents: Please provide 3 time slots when you are available.
 (i.e., 3:15 "choice 1", 3:30 "choice 2")
 If you have more than 1 child, please provide at least 2 more available times.**

PLEASE PRINT

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Names of parents attending: _____

Wednesday Oct. 25, 2017	
Time	Choice #
2:45	
3:00	
3:15	
3:30	
3:45	
4:00	
4:15	
4:30	
4:45	
5:00	
5:15	
5:30	
5:45	
6:00	
6:15	

Thursday Oct. 26, 2017	
Time	Choice #
2:45	
3:00	
3:15	
3:30	
3:45	
4:00	
4:15	
4:30	
4:45	

**Please return to school by Thursday, Oct.19th.
 Thank you!**