

Calvary Christian Academy

Parent/Teacher Conference Request Form



PARENT/TEACHER CONFERENCE REQUEST

Student's Name: _____

Homeroom: _____

Parent's Name: _____

Parent Email: _____

Please circle the date you prefer:

Monday, 11/21/16 (Teachers available 9:00 AM – 5:00 PM and then 6:00 – 9:00 PM)

Or

Tuesday, 11/22/16 (Teachers available 9:00 AM – 12:00 PM)

Please note the time you would like to begin your conferences: _____

Please note the teacher(s) you would like to meet with: _____

In order to schedule your conference at your desired day and time, please have your child bring this form to the High School office as soon as possible. Confirmation slips will be emailed home to the above email address.