2014 PARENT-TEACHER CONFERENCE REQUEST FORM

Complete one form per student

(Deadline to return: Wednesday, September 10, 12 noon)

Student's Name/Grade: _____/_____

(Siblings attending SH in Grades 6-12): Name(s): _____ Grade(s): _____

Parent(s)/Guardian Name: _____

Contact Phone: _____ Fax: _____ Email: _____

Conference Schedule Preference

Please indicate your preferred block of times for appointments with "1" as 1st choice, "2" as your 2nd choice and "3" as your 3rd choice. In order to expand your conference options, please list 2nd & 3rd choices.

_____ Thursday, September 25 (11:00a.m. – 2:30p.m.)

_____ Thursday, September 25 (3:30p.m. – 7:00p.m.)

_____ Friday, September 26 (9:00a.m. – 12:00p.m.)

_____ Friday, September 26 (1:00p.m. – 5:00p.m.)

Required: Last Names of Teachers Requesting to See/Subject (Please do not indicate "ALL")

_____/_____ _____/_____

_____/_____ _____/_____

_____/_____ _____/_____

FOR OFFICE USE ONLY

Conference Day: **September 25 (Thursday)** **September 26 (Friday)**

Scheduled Time	Room Number	Location	Teacher