

Student's Name/Grade:		
Siblings attending SH in Grades 7-12 <sup>th</sup> ): Name(s)		
arent(s)/Guardian Nan	ne:	
Contact Phone:	Fax:	Email:
hoice and "3" as your 3	ferred block of times for appe	eference (Date/Time) cointments with "1" as 1st choice, "2" as your 2nd lyour conference options, please list 2nd & 3rd
hoices.	Wednesday, September 28	s <sup>th</sup> (11:00p.m. – 2:30p.m.)
	Wednesday, September 28	g <sup>th</sup> (3:30p.m. – 7:00p.m.)
	Thursday, September 29 <sup>th</sup>	
_	Thursday, September 29 <sup>th</sup>	(1:00p.m. – 5:00p.m.)
	For Office	Use Only
Conference Day:	September 28 <sup>th</sup> (Wednesday)	September 29 <sup>th</sup> (Thursday)
Scheduled Time	Room Number Loca	tion Teacher's Name