

Dear Parents,

Parent-Teacher conferences will be conducted on **Thursday, November 10<sup>th</sup>**.

Please write the teacher name next to the 15-minute time slot you are requesting. We will do our best to schedule you at the requested time (or as close to it as possible), as well as scheduling multiple conferences as close to one another as possible.

Parents of secondary students are required to meet with one teacher but may request to see more, if desired. Secondary students may accompany their parents.

**This first quarter conference is required.**

| <b>PARENT(S) NAME:</b> |  |              |  |
|------------------------|--|--------------|--|
| <u>STUDENT NAME</u>    |  | <u>GRADE</u> |  |
| <u>STUDENT NAME</u>    |  | <u>GRADE</u> |  |
| _____                  |  | _____        |  |
| _____                  |  | _____        |  |
| <u>Time</u>            | <u>Conference with:</u><br><i>(teacher name)</i> | <u>Time</u>  | <u>Conference with:</u><br><i>(teacher name)</i> |
| 11:00                  |  | 2:45         |  |
| 11:15                  |  | 3:00         |  |
| 11:30                  |  | 3:15         |  |
| 11:45                  |  | 3:30         |  |
| 12:00                  |  | 3:45         |  |
| 12:15                  |  | 4:00         |  |
| 12:30                  |  | 4:15         |  |
| 12:45                  |  | 4:30         |  |
| 1:00                   |  | 4:45         |  |
| 1:15                   |  | 5:00         |  |
| 1:30                   |  | 5:15         |  |
| 1:45                   |  | 5:30         |  |
| 2:00                   |  | 5:45         |  |
| 2:15                   |  | 6:00         |  |
| 2:30                   |  |              |  |

**PLEASE RESPOND BY EITHER PRINTING THIS FORM AND RETURNING IT TO THE OFFICE, CALLING THE SCHOOL OFFICE, OR SENDING AN EMAIL WITH ALL THE NECESSARY INFORMATION TO [nhcs@nhcs.us](mailto:nhcs@nhcs.us). You will receive confirmation of your scheduled time via email.**