

**After-School Parent/Teacher--Conference Request Form (Tuesdays only)**

Student's Name \_\_\_\_\_ HR \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

Counselor's Name \_\_\_\_\_

We request a conference(s) with the following:

<b>Time</b>	<b>Teacher</b>	<b>Subject</b>	<b>Room</b>
2:35			
2:45			
2:55			
3:05			
3:15			
3:25			

The student will obtain the teacher's signature for a mutually convenient time. Conferences will be held in the classroom. The deadline for scheduling conferences is the Friday preceding the scheduled conference date.