

PLEASE RETURN TO MAIN OFFICE ASAP
Parents/Teacher Conference
TUESDAY, FEBRUARY 16, 2010
6:00PM – 9:00PM

Student Name _____

Parent _____ Phone _____ Homeroom _____

Course	Teacher	Time (do not fill in)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form, listing the times of your appointments, will be returned to your child.

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