

**BISHOP IRETON HIGH SCHOOL**

***PARENT-TEACHER CONFERENCE REQUEST FORM***

Students' Last Names **J through Z** --- 1:00-4:00 pm, Thursday, November 8, 2012

Students' Last Names **A through I** --- 1:00-3:00 pm, Friday, November 9, 2012

*(All requests must be received by Wednesday, November 7.)*

Student Name: \_\_\_\_\_ Advisor: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Please indicate in the left-hand column below which teacher(s) and/or Guidance Counselor you would like to request a conference with—leave the time slot blank to be completed by the teacher/counselor. Your student will bring home the completed form to serve as your conference schedule:

<b>TEACHER NAME</b>	<b>SUBJECT</b>	<b>TIME</b>
(To be completed by Parent/Guardian)		(to be completed by Teacher/Counselor Only)

NB: Your student is responsible for returning the completed form to you -- it is the only copy of your conference schedule.

(Conference Room Assignments on the back)