NOVEMBER 2010

TEACHER'S NAME: _________________________________

CHILD'S NAME: _________________________________

PARENT NAME: _________________________________

HOME PHONE: __________________ WORK PHONE: __________________

Dear Parents,

Parent/Teacher Conferences will be held this month. In order to serve you better and enable us to have the conference time run smoothly, we are asking your cooperation in filling out the following information. Please return this to your child’s teacher by Thursday, November 4.

WE NEED A FORM RETURNED FOR EACH CHILD.

1. PLEASE INDICATE WHICH DAYS ARE BEST FOR YOU:
   ——— Friday, November 19
   ——— Monday, November 22
   ——— Tuesday, November 23
   ——— Wednesday, November 24
   ——— Any of the above

2. PLEASE INDICATE WHICH TIME PERIODS ARE BEST FOR YOU:
   ——— Before school 8:30 – 9:00
   ——— Afternoon 1:00 – 5:00
   ——— Late Night (Tuesday, Nov. 23) 5:00 – 8:00
   ——— Any of the above
   ——— Need to make other arrangements

3. To assist us in scheduling all your children’s conferences as close together as possible, please list your other children at Cherry Valley and their teachers.

Other children

____________________________________________

____________________________________________

Teacher’s name

____________________________________________

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