

St. Louis Park Schools ISD # 283

CONFERENCE APPOINTMENT FORM

Building _____ Date _____

Dear Parents/Guardians:

A parent -teacher conference has been scheduled for you on the day and time listed below. I am looking forward to seeing you at your conference time:

Day/Date: _____ Time: from: _____ to: _____ Room: _____

Please keep this part of the note to bring to your conference. Return the bottom section of the sheet to me.

Very Truly Yours,

Classroom Teacher

PLEASE RETURN TO TEACHER

Student's Name: _____

Please check the following statements:

I will be able to come _____ (date) at _____ (time)

I will not be able to come at the scheduled time. Comments:

Your name: _____

Phone: _____