



## CONFERENCE REQUEST FORM

<b>STUDENT'S NAME</b>		<b>DATE OF REQUEST</b>	
<b>NAME OF PERSON REQUESTING CONFERENCE</b>		<b>STUDENT'S CURRENT GRADE IN SCHOOL</b>	
<b>RELATIONSHIP TO STUDENT</b>	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER: _____	<b>REASON FOR REQUESTING CONFERENCE</b>	<input type="checkbox"/> ACADEMIC <input type="checkbox"/> DISCIPLINARY <input type="checkbox"/> ATHLETIC <input type="checkbox"/> EXTRA-CURRICULAR <input type="checkbox"/> OTHER: _____
<b>BRIEFLY EXPLAIN REASON FOR YOUR REQUEST</b>			
<b>SELECT TEACHER YOU WISH TO MEET WITH</b>	<input type="checkbox"/> CATARINA SILVA <input type="checkbox"/> CHRIS ANN RODRIGUEZ <input type="checkbox"/> TATIANA JUAREZ <input type="checkbox"/> ARAM KIM <input type="checkbox"/> SARA TOM	<input type="checkbox"/> SHARON MANZO <input type="checkbox"/> TALITHA JUNKER <input type="checkbox"/> KIMBERLY COLON <input type="checkbox"/> SILVIA GALVEZ	
<b>EMAIL ADDRESS</b>			
<b>PREFERRED CONTACT NUMBER</b>			
<b>PLEASE SELECT AVAILABLE DAY(S) AND DATE(S) FOR CONFERENCE</b>	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	<b>DATE(S):</b> _____/_____/_____ _____/_____/_____	<b>AVAILABLE TIME FOR CONFERENCE</b> _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM <p style="font-size: small; text-align: center;">PLEASE NOTE ALL TEACHER CONFERENCES ARE FROM 3:00 – 3:30 PM UNLESS OTHERWISE SPECIFIED</p>

<b>FOR OFFICE/STAFF USE ONLY</b>			
<b>TEACHER AVAILABLE DAY &amp; TIME CONFIRMATION</b>	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	<b>SECONDARY</b> <input type="checkbox"/> 1DM <input type="checkbox"/> 2SM <input type="checkbox"/> 3HD	<b>SECONDARY DAY CONFIRMATION</b> <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY
<b>ADMINISTRATION CONFIRMATION DATE, TIME &amp; INITIALS</b>			