Student's Name_____

Fall Conference Sign Up

Please choose your **first, second and third** preference of time to meet with your child's teacher. Conferences will be in 15 minute blocks. We will try our hardest to accommodate your schedule and if you have more than one child, please list their names. We are trying to schedule all sibling conferences on Monday and Wednesday. We will coordinate times with their teacher.

Thursday, October 15th	3:00-5:00_____
	5:00-7:00_____
Monday, October 19th	3:00-5:00_____
Sibling Night	5:00-8:00_____
Tuesday, October 20th	3:00-4:00_____
Wednesday, October 21st	3:00-5:00_____
Sibling Night	5:00-8:00_____
Thursday, October 22nd	3:00-4:00_____

Sibling's Name_____Teacher_____

Sibling's Name_____Teacher_____

Sibling's Name_____Teacher_____

Sibling's Name_____Teacher_____