



SANDUSKY CITY SCHOOLS
_____ School

PARENT-TEACHER CONFERENCE APPOINTMENT SCHEDULE

To the parent(s)/guardian(s) of _____

Your conference has been scheduled for:

_____, at _____
(date) (time)

If you cannot attend at the scheduled time please send a note or call the school and we will arrange to meet at a different time.

Each conference will last about fifteen (15) minutes.

Thank you very much.

Teacher

Please complete and return the bottom portion of this form.

The time scheduled for our parent/teacher conference:

_____, at _____
(date) (time)

Is convenient

Is not convenient.
A more convenient time is _____

Child's Name _____ Grade _____

Parent's/guardian signature _____