| Calvary Christian A  | cademy            | CHRISTIAN TO |
|--|-------------------|--------------|
| Parent/Teacher Conference Request Form   |                   |              |
| PARENT/TEACHER CONFERENCE REQUEST  |                   |              |
| Student's Name:  | Homeroom:         |              |
| Parent's Name:   | Parent Email:     |              |
| Monday, 11/25/19 (Teachers available 9:00 AM – 5:00 PM and then 6:00 – 9:00 PM)  |                   |              |
| Please note the time you would like to begin   | your conferences: |              |
| Please note the teacher(s) you would like to meet with:  |                   |              |
|  |                   |              |
|  |                   |              |
| In order to schedule your conference at your<br>this form to the High School office as soon as<br>home to the above email address. |                   | -            |