

CEDAR HILL SCHOOL

PARENT/TEACHER CONFERENCES – FALL, 2011 CONFERENCE REGISTRATION FORM

Please return this form to your child's teacher **NO LATER THAN THURSDAY, OCTOBER 6, 2011**. Please remember to return one reply form for **each** of your children who attend Cedar Hill School.

Student's Name: _____

Parent/Guardian's Name: _____

Telephone Number: _____

E-Mail Address: _____

My choice of conference date is checked below. I know that the specific appointment time will be scheduled by my child's teacher.

CONFERENCE DATES:

TUESDAY, OCTOBER 25 (AFTERNOON) _____

WEDNESDAY, OCTOBER 26 (AFTERNOON) _____

THURSDAY, OCTOBER 27 (EVENING) _____

FRIDAY, OCTOBER 28 (AFTERNOON) _____

My other children who attend school at Cedar Hill are:

(Child's Name) (Teacher)

(Child's Name) (Teacher)

(Child's Name) (Teacher)

