

## Fall Conference

Mr. Peinado

(Please return to your child's teacher by Friday, October 24, 2008)

1. Report Card only (No Conference Needed) ☐
2. Conference Requested (please check choices below and fill in three times that work best for you). I will coordinate with other classroom teacher's as best as I can to accommodate other parent-teacher conferences.

Wednesday, October 29, 2008

\_\_\_\_\_ Early Afternoon (1:00-2:00 PM)

\_\_\_\_\_ Mid-Afternoon (3:00-5:00 PM)

\_\_\_\_\_ Evening (5:00-7:00 PM)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Each sibling's name and teacher (at SAS only, please)

_____	_____
_____	_____
_____	_____

Phone Number: \_\_\_\_\_