

CEDAR HILL SCHOOL

PARENT/TEACHER CONFERENCES CONFERENCE REGISTRATION FORM

Please return this form to your child's teacher **NO LATER THAN FRIDAY, MARCH 4, 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, MARCH 22 (AFTERNOON) _____

WEDNESDAY, MARCH 23 (AFTERNOON) _____

THURSDAY, MARCH 24 (EVENING) _____

FRIDAY, MARCH 25 (AFTERNOON) _____

My other children who attend school at Cedar Hill are:

_____ (Child's Name) _____ (Teacher)

_____ (Child's Name) _____ (Teacher)

_____ (Child's Name) _____ (Teacher)

