

Name of Student \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Contact Fax Number \_\_\_\_\_

Check ONE of the following:

Tuesday, November 15 (3 PM - 6 PM) \_\_\_\_\_

Wednesday, November 16 (12:00 PM – 3:00 PM) \_\_\_\_\_

No Preference \_\_\_\_\_

**TEACHER RESERVATION REQUEST**

for

**Conferences by Appointment Only**

**Tuesday, November 15 and Wednesday, November 16, 2011**

Please indicate below the teacher(s) or counselor with whom you wish to speak during the Parent-Teacher Conference. **These ten-minute conferences will be by appointment only.**

Name of Teacher /Counselor

Subject

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

N.B. Please register online following the Parent Teacher Conference link at [www.sjprep.org](http://www.sjprep.org). You may also return this reservation form to the Main Office or fax this form to The Prep using (215) 765-1710 no later than **Monday, November 14.**

If you have any questions, please call the Main Office at: **215- 978-1951.**

Office Use Only:      Date: \_\_\_\_\_      Number \_\_\_\_\_      Rec'd \_\_\_\_\_