

Name of Student _____

Name of Parent(s)/Guradian _____

Contact Phone Number _____ Fax Number _____

Check ONE of the following: Session I (2 PM-4 PM) _____

Session II (5 PM-7 PM) _____

No Preference _____

TEACHER RESERVATION REQUEST

for

Private Conferences

Thursday, February 25, 2010

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. 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 **Friday, February 19, 2010**.

If you have any questions, please call the Main Office at: **215- 978-1959**.

Office Use Only: Date: _____ Number _____ Rec'd _____
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