

Mt. Lehman Elementary School
Parent-Teacher Conference Request Form

Student Name _____ Teacher _____

Sibling _____ Teacher _____

Sibling _____ Teacher _____

Sibling _____ Teacher _____

Please circle three preferred times labelling them 1st, 2nd and 3rd choice.

Wednesday:	1:15pm	1:30pm	1:45pm	2:00pm	2:15pm	2:30pm
	2:45pm	3:00pm	3:15pm	3:30pm	3:45pm	4:00pm
	4:15pm	4:30pm	4:45pm	5:00pm	5:15pm	5:30pm
	5:45pm	6:00pm	6:15pm	6:30pm	6:45pm	

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I do not require a Parent/Teacher Conference at this time.

Student Name: _____ Parent Name: _____

Teacher: _____ Div.: _____

Signature: _____