

Woodridge Local School District

FALL CONFERENCE DAYS

Dear Parents:

We invite you to our Fall Conference days on _____ from _____ p.m. **THERE WILL BE NO SCHOOL FOR STUDENTS ON _____.**

These conferences will give you the opportunity to review your child's progress through the first grading period and to discuss the expectations and requirements for the school year.

Please complete the bottom part of this sheet and return it to school. If you are unable to attend at the school, (due to small children, transportation, etc.) we welcome the opportunity to conference with you by phone during your time selected below. Please indicate your preference by checking either the in-person or phone box next to your selected date choice. Your child's teacher will send you a note telling you exactly when your conference is scheduled. Conferences will last about fifteen (15) minutes.

For safety reasons, please do not leave your child unattended in the school during conference time. If your child accompanies you, please provide them with a quiet activity to do outside of the classroom.

Sincerely yours,

Principal

Child's Name _____ Teacher _____

Indicate 1st and 2nd choice times below.

_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>
_____ p.m. _____, _____	In-person	<input type="checkbox"/>	Phone	<input type="checkbox"/>

I have other children in: _____'s room
_____ 's room
_____ 's room