

StudentID: _____
DATE OF BIRTH: __/__/____

PLEASE PRINT

Student:

Name of Parent(s)/Guardian _____

Contact Phone Number _____ Contact Fax Number _____

Check ONE of the following: _____ Thursday, February 21, 2019 (4 PM – 7 PM)

_____ Friday, February 22, 2019 (9 AM – Noon)

_____ No Preference

TEACHER RESERVATION REQUEST

for

Conferences by Appointment Only

Thursday, February 21, 2019 and Friday, February 22, 2019

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

Name of Teacher	Subject
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**N.B. Please register online following the Parent Teacher Conference link at www.sjprep.org.
You may also fax this form to The Prep using (215) 765-1710 no later than Wednesday, February 20 by 3:00 PM.**

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

Office Use Only: Date: _____ Number _____