

School Name

Address/ Phone

Date _____

To: (staff persons) _____

From: (Administrator)_____

A conference has been scheduled with _____,

Parent/Guardian of _____ for (day/date)_____

at (time) _____ in the (location)_____.

The purpose of the meeting is to discuss

Other individuals who will be in attendance are

Teachers:

Please let me know if you will be unable to attend/ if you will require coverage for your class. Thank you.

Form 7a

Form 7