

Family or Guardian Signature____



UNION LOCAL SCHOOL DISTRICT

THE POWER OF

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JETS THINK...JETS CARE...JETS AIM High

Conference Information Form

(Please complete and return by October 30, 2020)

Student's Name: _			Dat	te:	
Name of Participants Attending Conference:					
Please provide a v	alid email addre	ss for which a	zoom link can	be sent.	
ricado provido a v			. 200111 11111 0411		
		•		attend a Zoom cor	
-			e no longer tha	an 15 minutes unles	S
otherwise requeste	ed and schedule	d.			
			//		
	School Thursday	<u> </u>	•	•	
	1:45-2:00				
				3:30-3:45	
3:45-4:00	4:00-4:15	_4:15-4:30	4:30-4:45	4:45-5:00	
5:00-5:15	5:15-5:30	5:30-5:45	5:45-6:00	6:00-6:15	
6:15-6:30	6:30-6:45	6:45-7:00			
Middle Scho	<mark>ol/High School,</mark>	Thursday, Nov	vember 12, 2020	0 (12:30-6:30)	
12:30-12:45_	12:45-1:15_	1:30-1:45	1:45-2:00	2:00-2:15	
2:15-2:30	2:30-2:45	_2:45-3:00	3:00-3:15	3:15-3:30 <u></u>	
3:30-3:45	3:45-4:00	4:00-4:15	4:15-4:30	4:30-4:45	
		_		5:45-6:00	
	6:15-6:30				