



FUHS Parent Teacher Conference

Please complete the following form and send it back to your student's 1st period teacher **2 days prior** to the date you would like to attend.

Student Name: _____ Advisory teacher: _____

Parent/Guardian Name: _____

Name(s) of other students needing conference schedules: _____

Preferred Date: _____ **November 15 (4:00-7:45)** _____ **November 21 (4:00-7:45pm)**

Please write the name(s) of the teacher(s) with whom you would like to meet. Conferences will be held in 15-minute intervals.

Conference Schedule: _____ Preferred Start Time (we will do our best to accommodate!)

Teacher Name(s) to visit:	Time (to be completed by the school)

Please email Mrs. Poston with any conference questions: cathyposton@fairfieldunion.org

Preferred Phone Number: _____

Preferred Email Address: _____

Teachers shared with the middle school will have high school conferences on November 21. Shared teachers include: Mrs. Bevis, Mr. Gregory, Mr. Savage and Mr. Kitchen.