

**MAURICE & EVERETT HAINES SIXTH GRADE CENTER**

162 Stokes Road  
Medford, New Jersey 08055  
609/654-4056

**CONFERENCE REQUEST FORM**

October 27, 2009

Dear Parent/Guardian:

To assist in planning for the upcoming Haines Parent/Teacher Conferences, we ask that you review your child's academic progress and indicate a preference that will best meet your needs. The available options to consider are as follows:

- Satisfied with progress - no need for a conference (at this time)
- Prefer a scheduled conference during the times listed below
- Prefer a phone conference

Scheduled conferences will be approximately 15 minutes in length with a designated team teacher. Conference times will be scheduled in the following blocks of time:

Monday, November 23 <sup>rd</sup>	12:45 p.m. - 2:30 p.m.	Half-day for students
Tuesday, November 24 <sup>th</sup>	12:45 p.m. - 4:30 p.m.	Half-day for students
Wednesday, November 25 <sup>th</sup>	7:45 a.m. - 10:30 a.m.	No School for students

Please print this form, complete the section below and **return the bottom portion to school with your child no later than Wednesday, November 11<sup>th</sup>, 2009.** Your scheduled appointment confirmation will be sent to you during the week of November 17<sup>th</sup>. Please note that the confirmations sent at this time will include any conference requests by the team or individual teacher.

If you have any questions or concerns, please do not hesitate to contact me or any one of the team leaders. Just a reminder, you may request a teacher conference at any time during the year by calling the Guidance Office, 654- 4056 ext. 8420. We look forward to assisting you in monitoring your child's progress.

Sincerely,

Tressa Holmes  
Guidance Counselor

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**Please complete and return no later than 11/10/08.**

- I am satisfied with my child's progress to date. I am not requesting a conference at this time.
- I prefer a phone conference. The phone number where I can be reached between 7:30 a.m. and 3:00 p.m. \_\_\_\_\_
- My preference for a scheduled conference during the above listed times is: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_

**Siblings' Name(s) at Memorial** \_\_\_\_\_ **TEAM(S):** \_\_\_\_\_  
(For possible coordination of Conference Times)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_