

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Parent Teacher Conferences**  
**West Shore Lutheran School**  
**Kindergarten - 8th Grade**

**Please indicate below which parent teacher conference time would work best for you. We will do our best to accommodate your time into the conference schedule. Please place a 1 next to your first choice, a 2 next to your second choice, and a 3 next to your third choice. Please return this form to your child's teacher by Thursday, September 26th . We will send the final conference time schedule home on Friday, September 27<sup>th</sup>.**

Wednesday, October 2, 2019

Thursday, October 3, 2019

Time	Conference Choice
3:00	
3:20	
3:40	
4:00	
4:20	
4:40	
5:00	
5:20	
5:40	
6:00	
6:20	
6:40	
7:00	

Time	Conference Choice
3:00	
3:20	
3:40	
4:00	
4:20	
4:40	
5:00	
5:20	
5:40	
6:00	
6:20	
6:40	
7:00	

