

# Clark County School District REQUEST FOR PARENT CONFERENCE

To: \_\_\_\_\_ Parent/Guardian

From: \_\_\_\_\_ School

Date: \_\_\_\_\_

Please call the school office, telephone number \_\_\_\_\_, as soon as possible to schedule a conference with \_\_\_\_\_ concerning your child, \_\_\_\_\_ .  
Name of Student

The purpose of the conference is:

It is essential that we discuss this matter at the earliest time possible. Unless we hear from you by \_\_\_\_\_, it may be necessary to take further action until we can discuss this matter with you.

Thank you for your cooperation in helping us to help your child.

\_\_\_\_\_ School Administrator

