Clark County School District REQUEST FOR PARENT CONFERENCE

CCF-825 Rev. 03/09

SCHOOL DISTRICT

10:	Parent/Guardian		
From:	School	Date:	
Please call the school office, telephone number			, as soon as possible to schedule
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 y	ou by	
it may be necessary to take further action until we can o	discuss this matter with you.		
Thank you for your cooperation in helping us to help you	ur child.		
	School Administrator		
			CCSD

Distribution: Original/White: Student 2nd Copy/Yellow: School File 3rd Copy/Pink: Parent 4th Copy/Gold: Counselor