



Morton High School
Parent / Teacher Conferences
October 20 & 21, 2016

Student Name: _____

Parent(s) attending conference: _____

Name and Mailing Address

Contact Phone #

Name: _____

Street _____

City _____ Zip Code _____

***** Please mark your #1 and #2 choice for date and time of day *****

Thursday, October 20 _____

Friday, October 21 _____

8:00 - 11:45 AM _____

8:00 - 11:45 AM _____

1:00 - 4:15 PM _____

5:30 - 6:45 PM _____

Anytime _____

Either Day _____

Please list the teacher(s) you would like to
schedule a conference with:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

For Office Use	
Room	Time

Please return completed form to:

Morton High School
350 N. Illinois Ave.
Morton, IL 61550
Attention: Amy Zimmerman
amy.zimmerman@morton709.org

Please return form by October 14th