



RCEM Conference Request Form

Student Name: _____ Grade: _____

Teacher(s): _____

Name of Parent/Guardian requesting contact: _____

What would you like from us (check one):

_____ phone call: _____

_____ email: _____

_____ schedule a conference. Preferred date: _____ Preferred time: _____

Reason for your request (please check all that apply):

_____ Grades or Student Progress

_____ Behavior issue, Discipline

_____ Student Conflict

_____ Other (please specify): _____

*If you feel your child is in danger or does not feel safe, please tell someone at the front desk and we will handle it immediately.

Please summarize any concerns you would like to discuss at this meeting:

Parent Signature: _____ Date: _____

*You will receive notification of a date and time as soon as possible once this form is received by the teacher or front office. Thank you for all your help and dedication throughout your child's educational experience here at RCEMS. We value your time and support!