

Audubon Charter School
Appointment Request Form

Student Name: _____ Teacher Name: _____

Parent Name (print): _____

Phone (Home): _____ Cell: _____ Work _____

E-mail: _____

I would like to request an appointment with the above teacher. I would like a

- Phone Appointment Phone Number: _____ Best time to call: _____
 Meeting

My preferred time to meet is:

- Before School During School Day After School

I would like to discuss the following: _____

Please allow two days for a response from the teacher regarding your appointment request. Appointments made during the school day will be made during non-instructional time.

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