

Roxboro Community School  
Conference Request Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Reason for Request:

Today's Date \_\_\_\_\_

You may send this electronically to [kimbroughtmt@roxborocommunityschool.org](mailto:kimbroughtmt@roxborocommunityschool.org) or  
[bettendorfjl@roxborocommunityschool.org](mailto:bettendorfjl@roxborocommunityschool.org)