LOURDES SCHOOL QUEZON CITY Grade School Department CONFERENCE REQUEST	LOURDES SCHOOL QUEZON CITY Grade School Department REPLY SLIP
Date:	Date:
Dear,	Dear,
PAXT ET BONUM!	( ) I will see on (Date)
May I see you for a conference onat Date Time	at in the (Time) (Floor / Office)
in the, Room/Office Floor	( ) I will see you instead on
Thank you very much.	(Date) at in the
Very truly yours,	(Time) (Floor / Office)
	Thank you very much.
Adviser/Teacher	
	Parent / Guardian
Assistant Principal	
(This serves as your gate pass.)	(Please return this slip to the Teacher-Sender before appointment.)

(This serves as your gate pass.)	(Please return this slip to the Teacher-Sender before appointment.)
Assistant Principal	
Noted by:	Parent / Guardian
Adviser/Teacher	
	Thank you very much.
Very truly yours,	(Time) (Floor / Office)
Thank you very much.	(Date) at in the
in the, Room/Office Floor	( ) I will see you instead on
onat Date Time	(Time) (Floor / Office)
May I see you for a conference	(Date) at in the (Time) (Floor / Office)
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