



**HUDSON FALLS**  
KINDERGARTEN CENTER (PK-K)

2 Clark Street, Hudson Falls, NY 12839  
Phone: (518) 747-2121 • Fax: (518) 747-3853

Michael McTague  
*Principal*

Melissa Whitman  
*Assistant Principal*

November 17, 2020

Dear Parents/Guardians,

We will be conducting UPK- Grade 5 Parent Teacher Conferences on Thursday, December 10th and the morning of Friday, December 11th.

Conferences will look a little different this year, as we are not able to allow parents into the buildings at this time. Parents will be able to sign up for a conference time and choose if they would like to participate in the conference using Google Meet or have a phone conference.

Please complete the information on the accompanying page and return it to your child's classroom teacher so that they have the appropriate contact information for the conference.

We look forward to sharing the wonderful learning that has been occurring in our buildings.

Sincerely,

Michael McTague  
Principal

Melissa Whitman  
Assistant Principal



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Michael McTague  
*Principal*

Melissa Whitman  
*Assistant Principal*

Date: \_\_\_\_\_

Dear Parents / Guardians:

May I make an appointment with you for a conference on

\_\_\_\_\_ at \_\_\_\_\_

At that time we can talk about your child and his/her progress in school. Because this gives the teacher and parent an opportunity to sit down together and discuss matters that are important to all concerned, we feel that the conference is the most effective means yet devised to report pupil achievement and progress. At the end of each trimester, a written report card will be issued to supplement this conference.

Please feel free to bring any questions or suggestions which you feel will aid us in better understanding your child. Because of limited time and close scheduling, conferences will be of twenty minutes duration. We would appreciate your cooperation in keeping your appointment promptly.

Conferences will be held virtually through Google Meets or by phone. Please provide this information at the bottom of the form.

Please tear off and fill in the slip below and return it to school immediately so that re-scheduling can be done, if necessary. If it is impossible for you to keep your appointment, please notify the school.

Sincerely,

\_\_\_\_\_  
Teacher

Student's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

(Please check one) \_\_\_\_\_ Please contact me by phone \_\_\_\_\_  
(phone number)

\_\_\_\_\_ Please set up a Google Meet \_\_\_\_\_  
(email address)

\_\_\_\_\_  
Parent / Guardian's Signature