



De La Salle University
D A S M A R I Ñ A S
JUNIOR HIGH SCHOOL

APPOINTMENT SLIP

Date: _____

Dear _____:

I/We would like to seek a consultation concerning the progress of our child _____.

You may consider the following schedule:

Date: _____

Time: _____

Should you find the schedule **not** possible, kindly indicate your preferred schedule in the **REPLY SLIP**.

I/We look forward to meeting you the soonest time possible. Thank you.

In St. La Salle,

(Signature Over Printed Name of Parent)

Noted:

Adviser/ CSS / Director

REPLY SLIP

_____ **YES**, I will be available for consultation on the given schedule.

_____ **NO**. Due to inconvenience, I would like to have the appointment on

Date: _____ **Time:** _____

You may reach me through these contact info:

CP No. _____ / **Tel. no.:** _____ / **Email add.:** _____

Signature Over Printed Name of Faculty