



## AB Christian Learning Center

5005 Brentwood Stair Road Suite 200  
Fort Worth, Texas 76112  
Office (817) 457-3911 – Fax (817) 457-0027

### SCHOOL CONFERENCE AUTHORIZATION SCHOOL YEAR 2020-2021

To Whom It May Concern: \_\_\_\_\_  
(Name of School)

I, \_\_\_\_\_, parent/ legal  
guardian of \_\_\_\_\_ currently in  
(Student)

the \_\_\_\_\_ grade at \_\_\_\_\_ School, authorize AB  
Christian Learning Center and its designees to confer with the Principal, Assistant Principal  
Counselors and/or Teachers about my child's academic progress and conduct. If there are any  
questions, I may be reached at:

\_\_\_\_\_, or \_\_\_\_\_ or  
(Cell Phone) (Work Phone)

Thanks for your cooperation.

Sincerely,

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
Date