Republic of the Philippines

Department of Education

NATIONAL CAPITAL REGION

SCHOOLS DIVISION OF TAGUIG CITY AND PATEROS

MANUEL ROXAS ELEMENTARY SCHOOL

JOSEFINA I ST, COMEMBO, CITY OF TAGUIG

PARENT-TEACHER CONFERENCE FORM

S.Y. 2026 – 2027

Date (Petsa): _____ Time (Oras): _____

Student's Name: _____ Grade & Section: _____

Parent's/Guardian's Name: _____

If guardian, please indicate the relationship (Kung tagapamatnubay, pakilagay ang relasyon): _____

Teacher's Name: _____ Subject Handled: _____

Concern: ☐ Academic ☐ Behavior ☐ Extra-Curricular

Description:

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Action taken or to be taken:

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Parent's/Guardian's Signature Student's Signature

Prepared by:
Subject Teacher

Noted by:
Council Chairman/LFO