	Date
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Dear Parent,	
,	ol Night. I would like to take just a few minutes to discuss our nework policy, and our academic goals. Your attendance at this remely beneficial to your child's success.
Back to School Night Time	Date Welcome to bock to School Night!
Thanks,	
Please fill out and return to the teacher.	
☐ YES, I will attend Back to School Night.☐ No, I can't make it.	Student's name
	Parent's signature
	G .
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