



Burch Charter School of Excellence

100 Linden Avenue, Irvington, NJ 07111

(973) 373-3223

Mr. Timothy Simmons, Interim Chief School Administrator

Mrs. Krystal Albright, Vice Principal

Dr. Karleen Kemp, Vice Principal

November 17, 2022

Dear Burch Parents/Guardians,

Thank you for helping us get off to a great start for the 2022-2023 school year. The first marking period has come to an end and our fantastic educators look forward to meeting with you to discuss your scholar's progress towards mastering the New Jersey Student Learning Standards.

First Marking Period Parent Teacher Conferences will be held Tuesday, November 22, 2022 from 1:00 pm to 4 pm, 5 pm to 6:30 pm. Our teachers will be having dinner between the hours of 4:00 pm - 5:00 pm. Conferences will be held in person this marking period and will be scheduled by appointment for ten minutes. During this time you will meet with your scholar's homeroom teacher/teachers.

As a friendly reminder, the Daily Health Screener attached must be filled out and brought with you the day of the conference. In addition, temperatures will be taken and masks must be worn.

Thank you as always for your partnership and support of Burch Charter School of Excellence. If you have any questions, please do not hesitate to contact me directly at the school.

Respectfully,

Mr. Timothy Simmons

Mr. Timothy Simmons
Interim Chief School Administrator

Scholar's Name _____ Homeroom Teacher _____

Guardian's Name _____

Please circle the best time to conference with your child's homeroom teacher. Return to your scholar's teacher by Monday, November 21, 2022. Teacher will confirm the conference times.

	1:10 -1:20 PM	1:20 - 1:30 PM	1:30 -1:40 PM	1:40: 1:50 PM	1:50- 2:00 PM
2 - 2:10 PM	2:10 -2:20 PM	2:20 - 1:30 PM	2:30 -2:40 PM	2:40: 2:50 PM	2:50- 3:00 PM
3 - 3:10 PM	3:10 -3:20 PM	3:20 - 3:30 PM	3:30- 3:40 PM	3:40: 3:50 PM	3:50- 4:00 PM
5 - 5:10 PM	5:10 -5:20 PM	5:20 - 5:30 PM	5:30-5:40 PM	5:40: 5:50 PM	5:50- 6:00 PM
6 - 6:10 PM	6:10 -6:20 PM	6:20 - 6:30 PM			

Second time option is: _____

Covid-19 Questionnaire
(Please Write Yes or No to the questions below)

First Name _____ Last Name _____

Date _____ Time In _____ Time out. _____

Reason for Visit _____

Address: _____

Please respond YES or NO to the questions below:

Do you have a fever?

Are you having shortness of breath or any difficulty breathing? _____

Do you have chills or repeated shaking with chills? _____

Do you have any muscle pain? _____

Do you have any recent onset of headache or sore throat? _____

Do you have any other flu-like symptoms? _____

Do you have any recent loss of taste or smell? _____

Have you experienced any recent GI"upset or diarrhea? _____

Are you in contact with anyone who has been confirmed to be COVID-19 positive? _____

Have you traveled in the past 14 days to any regions affected by COVID-19? _____

Signature _____