



## Parents as Partners

2016-2017

Child's Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred phone contact # (home) (\_\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_\_) \_\_\_\_\_

### PLEASE CHECK THOSE AREAS IN WHICH YOU DESIRE TO ASSIST

\_\_\_ Assist with special events

\_\_\_ Assist with Yearbook

\_\_\_ Be a Chaperone on Field Trips

\_\_\_ \*Substitute Teacher - Degree \_\_\_\_\_ Level(s) willing to teach \_\_\_\_\_

\_\_\_ \*Substitute Aide

\_\_\_ Translator of school forms, letters, etc. Language spoken \_\_\_\_\_

\_\_\_ Assist P.T.O. with Fund Raising and School Events

\_\_\_ Do you have special talents or interests you can share with the school? \_\_\_\_\_

\_\_\_ Volunteer (other) \_\_\_\_\_