

SUNQUAM ELEMENTARY SCHOOL PTA

CLASSROOM PARTICIPATION QUESTIONNAIRE

Please fill out this questionnaire (**one form for each child attending Sunquam**) and return to your child's teacher by **Friday, September 8, 2017.**

This will assist in compiling a class list enabling us to contact you in the event of any class happenings or school wide/district concerns. Please return by the due date. This form must be complete and signed in order for your child to be listed on the class list and/or be considered for class / trip involvement.

Please Print Clearly

Child's Name _____ Teacher _____ Grade _____

First

Last

Parent/Guardian Name(s) _____ / _____

First

Last

First

Last

Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____

Primary E-Mail Address _____

Additional Children in the School (Name/Grade) _____

- ☐ I give permission for my child's name and other relevant information to be included on the classroom list.
☐ I give permission for my child's name and other relevant information to be included on the PTA Student Directory.

Has any of the above information changed (other than Teacher & Grade) since your child registered at Sunquam? ☐ No ☐ Yes -please indicate new information:

Please check all that apply:

- ☐ I am interested in chaperoning and assisting the teacher on field trips.
☐ I am interested in assisting the teacher during classroom activities and/or celebrations.
☐ I am willing to send in snacks, water, or supplies, if needed, for classroom activities and/or celebrations.

Which is your preferred method of receiving flyers/notices from the PTA?

- ☐ e-mail ☐ text ☐ flyer in backpack ☐ all

Parent/Guardian

Signature Required _____ Date _____

**Please do not put in an envelope.
Return to Sunquam by Friday, Sept. 8, 2017.**

Administrative Approval: _____ PTA Approval: _____