

# 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 7, 2018.**

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 at Sunquam (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:

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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.

Parent/Guardian  
Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**Please do not put in an envelope.**

**Return to Sunquam by Friday, Sept. 7, 2018.**