SUNQUAM ELEMENTARY SCHOOL PTA

CLASSROOM PARTICIPATION QUESTIONNAIRE

Please fill out this questionnaire (**one form for <u>each</u> child attending Sunquam**) and return to your child's teacher by **<u>Friday, September 6, 2019.</u>**
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 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 (in order to receive school/PTA information and class information)_____

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.**

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.

Parent/Guardian
Signature Required_____Date_____

Please do not put in an envelope.

Return to Sunquam by Friday, Sept. 6, 2019.

Administrative Approval: _____ PTA Approval: _____