**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name(s) and Grade(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**\*\*You only need to fill out one form if you have multiple children\*\***

We need your help! We have many short-term options.

**What would you like more information on?**

\_\_\_\_ Bulletin Board helper (monthly) \_\_\_\_ Staff Care (appreciation, luncheons, bdays)

\_\_\_\_ Vision & Hearing Screening \_\_\_\_ Library clerical (ongoing)

\_\_\_\_ Fall Book Fair \_\_\_\_\_ Spring Book Fair

\_\_\_\_ Yearbook (Jan/Feb) \_\_\_\_ Box Tops Count/Collect (ongoing)

\_\_\_\_ Original Art sort and distribute (Oct.) \_\_\_\_ Copy Room (on-going)

 A coordinator will email you more information if you’d like to help! Thank you!

 Please return to the front office or your child’s teacher.