

**Parent Participation Form  
School Parent Involvement Meeting**

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Meeting Location: \_\_\_\_\_  
\_\_\_\_\_

The school \_\_\_ can \_\_\_ cannot provide child care for this meeting.

The school \_\_\_ can \_\_\_ cannot provide transportation for this meeting.

Please return this completed form to your child's teacher by this date \_\_\_\_\_(date).

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*Parent/Guardian: Please complete the section below and return the entire form to your child's teacher.*

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ School: \_\_\_\_\_

**My interest in participating in the School Parent Involvement Meeting is:**

- \_\_\_ I can attend the meeting.
- \_\_\_ I can attend the meeting, but I have transportation difficulties. If the school can provide transportation (see above if school can/cannot provide transportation), I am requesting transportation assistance.
- \_\_\_ I can attend the meeting, but I have child care responsibilities. If the school can provide child care (see above if school can/cannot provide child care), I am requesting child care assistance.
- \_\_\_ I cannot attend the meeting.

Please provide the following information:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number of non-school aged children: \_\_\_\_\_

**Thank you for your interest and commitment to ensure your child's academic success.**

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	