

**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).

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	