

## PARENT VOLUNTEER

Many parents have expressed an interest in becoming involved in school activities. We are happy to have your help. **To maintain an optimal learning environment, please refrain from bringing your younger children to school.**

Please indicate your areas of interest and return to your child's classroom teacher.

All volunteers will need to review and sign a confidentiality form each year.

\*\*\*\*\*

\_\_\_\_\_ AIDE IN THE CLASSROOM DURING SPECIAL PROJECTS \*

\_\_\_\_\_ LISTEN TO CHILDREN READ OR READ TO CHILDREN \*

\_\_\_\_\_ HELPING WITH VISION, HEARING SCREENING, SCHOOL PICTURES

\_\_\_\_\_ CHAPERONE ON A FIELD TRIP

\_\_\_\_\_ HELP WITH CLASSROOM PARTIES

\_\_\_\_\_ PRESENTATION OF A SPECIAL PROJECT

**\* Please indicate what hours you would be available to help in the classroom.**

Your Child's Name	
Classroom Teacher	
Parent/Guardian Signature	
Telephone Number	

**If interested, return to classroom teacher**