

Class Parent Volunteer Form

If you would like to be a Class Parent, please fill out this form and return it to your child's teacher by Friday, September 23rd, 2022 in the envelope labeled "HSA."

Parent Name: _____

Student's Name: _____

Teacher: _____

Grade: _____ (if K - AM/PM)

Phone: _____

Email: _____

Have you ever been a Triangle Class Parent before? Please circle: Yes No

If so, when: _____

_____ Yes, I can attend all parties. If not, please circle the parties which you can attend:

Halloween

Winter

End of Year

_____ Yes, I can attend at least half of the HSA Meetings

Thank you for volunteering and supporting your child's class! If you are selected, you will be notified by the beginning of October.