

St. Olaf Parent Participation Form

2015-2016 School Year

Your support is very valuable to the school, so please consider what role would make the best use of your talents. If you have other possibilities not listed, please write them in below. Thank you.

Child's Name _____ Guardian
Name _____

Address _____
Occupation _____

City/State/Zip _____ Guardian
Name _____

Telephone _____
Occupation _____

I would be able to work with the following group/groups if called:

Teacher Support

- Substitute Teacher
- In Classroom Volunteer
- Room Representative

After School Activities

- Drama
- Math/Science Club
- Athletics
- Lego League

School and Office Support


- Carline
- Typing/General Office
- Safety Committee
- Lunch Duty


Fundraising

- School Auction
- Halloween Carnival
- Parade Chairperson

Other areas in which you might help _____

Are there other skills and abilities you can provide?


 Electrical

 Access to Special
Tools

 Accounting

 Painting

 Computers

 Engineering

 Handy with Tools

 Counseling

Access to reduced prices for Xeroxing or other supplies, please specify: