ATP Meeting Sign-In

School:_____ Date of meeting: _____

	Name (Please Print)	Position (Check one that applies)				Signature
		Parent	Community	Staff	Student	
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School and Family Partnerships

Please scan and email this form to District ATP after each ATP meeting. This document will provide monthly information to all administrators.

*** If snacks were provided, please attach a hard copy of this form to the P.O. and send to Alma Duran, Special Programs @ Booth.**