Reunión del ATP - Registro de Llegada

Escuela:_____ Fecha de reunión: _____

	Nombre (Letra de Molde por favor)	Puesto (Marque el que aplica)				Firma
		Padre	Comunidad	Personal	Estudiante	
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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.**