English

Parent Participation Form

Havre Public Schools

Parent Participation Form

Meeting Date: _____ *(mm/dd/yyyy)*

Time: _____

Meeting Location:

- ❑ The district can provide childcare for this meeting.
- ❑ The district can provide transportation for this meeting.
- ❑ An agenda for the meeting is attached.

Please return this completed form to your child's teacher by this date _____ *(date)*.

Parent or Guardian: Please complete the section below and return the <u>entire</u> form to your child's teacher.

Name of Student: _____ Date: _____ (mm/dd/yyyy)

Name of Parent: _____ School: _____

Please mark all boxes that apply to you:

- ❑ I can attend the meeting.
- ❑ I can attend the meeting, but I have transportation difficulties. If the district can provide transportation (see above if district can or cannot provide transportation), I am requesting transportation assistance.
- ❑ I can attend the meeting, but I have childcare responsibilities. If the district can provide childcare (see above if district can or cannot provide childcare), I am requesting child care assistance.
- ❑ I cannot attend the meeting.

Please provide the following information:

Phone: _____

Address: _____

Number of children needing childcare during the meeting: _____

Thank you for making sure your child succeeds in school.

<u>Please indicate if you need the following assistance while attending the meeting:</u>

- ❑ Oral Interpretation: Language: _____
- ❑ Interpreter: Sign language
- ❑ Other: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

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