English

Parent and Family Engagement Meeting, Invitation to Participate

Havre Public Schools

Parent and Family Engagement Meeting
Invitation to Participate

Date: 08/01/2025
(mm/dd/yyyy)

Dear Parent or Guardian:

You are invited to a Parent and Family Engagement Meeting. Your involvement with your child's education is essential to his or her academic and future success. Our school wants to provide the best possible educational experience for your child and we want to work with you in that effort.

A meeting is scheduled for October 24, 2025 8:00am *(time, date, mm/dd/yyyy)* at the following location: Lincoln McKinley Gymnasium *(location)*.

At Parent and Family Engagement meetings we discuss various topics that may include the Parent and Family Engagement Policy, parent involvement plans, activities, services, and programs that may be provided to your student at our school. Some examples are programs for English learners, students with disabilities, migratory students, students that are homeless, gifted and talented programs, and programs for students that are economically disadvantaged or in need of additional academic assistance.

You are invited to invest your time and energies in the future success of all of our students. If you would like to participate, please complete the "Parent Participation Form" as the first step of your commitment. Please respond by Wednesday October 15, 2025 *(date, mm/dd/yyyy)*.

Sincerely,

Ericka Brekhus Name	Principal Title
406-395-8554 Phone	brekhuse@blueponyk12.com Email Address

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Student ID #	Date Distributed	Date Received	

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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: _____

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