

PARENT INVOLVEMENT AND PARTICIPATION FORM 09-10

FAMILY NAME: _____

To enrich your family's experience at Clark School, we offer a range of extracurricular activities. Parent participation is critical to their success. We need committees for long-range planning and for smaller activities as they arise. We need parents to assist in individual tasks (setup and cleanup). And sometimes we need you to come and simply enjoy yourselves with other families.

We ask each family to contribute one hour a week, or four hours per month to an activity or long-term program. As you orient yourselves during these first days of school — learn the schedule, read the roster, arrange carpools, and everything else — please consider ways that you can involve yourself with Clark School. Please indicate your preferences by completing this form and returning it to school by **Tuesday, September 8.**

In addition, all families are expected to participate in the following two activities: Family Work Day on **Saturday, September 19**, to help with the building and grounds; and the Trivia Night and Silent Auction, the school's major fundraiser held each spring.

Please check off the events you are able to help with.

_____ **HULBERT OUTDOOR CENTER TRIP: October 5-9 2009** We will need 6-8 parent chaperones

_____ **DRAMA FESTIVAL - HIGH SCHOOL**

_____ **PERFORMANCES: School Show** - Costumes, props & stage setup

_____ **TRIVIA NIGHT AND SILENT AUCTION: April 16, 2010** - Organize, solicit contributions, office help, and new ideas

_____ **LOWER SCHOOL SPRING TRIP: April 27-30, 2010**

_____ **HIGH SCHOOL SPRING TRIP: April 24-30, 2010**

_____ **FIELD DAY: June 3, 2010** - Food, activities, and awards

_____ **GRADUATION: June 4, 2010** - Planning, refreshments, decorations

_____ **INVITE A GROUP TO VISIT YOUR OFFICE, LAB, FARM ETC.**

_____ **PAC EVENTS:** Holiday parties and enrichment fundraisers



Parent Questionnaire 2009-2010



Parent 1

Parent 2

Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
E-mail		E-mail	
Home Telephone		Home Telephone	
Cell Phone		Cell Phone	
Local Newspapers		Local Newspapers	

Parent 1

EMPLOYMENT INFORMATION

Parent 2

Field		Field	
Title		Title	
Business Name/Address		Business Name/Address	
Work E-mail		Work E-mail	
Work Phone		Work Phone	

Grandparent 1

GRANDPARENTS' INFORMATION

Grandparent 2

Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Telephone		Telephone	
Cell Phone		Cell Phone	
Local Newspapers		Local Newspapers	

Is there is anyone else you would like to receive Clark School mailings? If yes, please note name, address, phone number, on back of form.

Additional Parental Signoffs 2009-2010

FAMILY NAME: _____

I HAVE DISCLOSED ALL MEDICAL INFORMATION REGARDING MY CHILD.
_____ (initials)

I have made sure that my child/children has/have read the student handbook and agree to abide by it.
_____ (initials)

I would like to be a chaperone for Clark School for field trips or other off campus events (a CORI evaluation is required).
_____ (initials)

Clark School has my permission to use any photographs, images or items produced by my child/children, or photographs of my child/children for publicity purposes. YES / NO
_____ (initials)

Parent/Guardian signature

Date

Parent/Guardian signature

Date