

NEWNAN CROSSING ELEMENTARY



****Please fill out one form for each child and return to their homeroom teacher. ****

Student's Name: _____ **Grade/Teacher:** _____

Parent's Name: _____

Street Address: _____

Phone Home: _____ **Cell:** _____

Email Address: _____

Please list other children attending Newman Crossing Elementary:

Name:	Grade:	Teacher:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check all that apply to your child's classroom:

_____ I am interested in being the Room Parent for my child's class.
(The Room Parent is the Liaison between the teacher and parents for classroom events, making phone calls, coordinating classroom events/parties, helping the teacher, assisting with Teacher Appreciation Week, etc.)
(A member of the PTO will contact you with more information regarding this position.)

_____ I am available to help during school hours.
_____ I am not available during school hours, but I would like to help in other ways.
(Such as; sending in items needed, class parties, field trips, cutting out things at home, etc.)

_____ I would specifically like to help with: _____
_____ I am sorry, I cannot help out this year.

***Parent:** Please return this form to your child's teacher (One form per child).

****Teacher:** Please return this form to the PTO Box located in the Office.

For Staff Use Only:
Room Parent Preference: _____