

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 entire 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.

Please indicate if you need the following assistance while attending the meeting:

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

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	