

Fall Parent Survey

Student Name: _____ Grade_____

Parent/Guardian Name: _____

Address:_____

Phone Number(s): _____

I (would/would not) be willing to serve on the Site Council.

I would like to volunteer at school by:

- Listening to readers_____
- Helping with math_____
- Other ____
 - List any other way you would like to help:

If you have any questions concerning this survey please contact
Cathy Barrett 583-5537 or Stacy Coulter 583-7428