



SLA PARENT COUNCIL

Membership Form



YOUR INFORMATION

Parent Name: _____

Parent Address: _____

Phone Number: _____ OK to text? YES ___ NO ___

Email: _____

Student Name #1: _____ Grade: _____

Student Name #2: _____ Grade: _____

Student Name #3: _____ Grade: _____

TELL US A LITTLE MORE

Have you been fingerprinted and had a background check? YES ___ NO ___

Will this be your first time volunteering with SLA Parent Council? YES ___ NO ___

HOW ARE YOU INTERESTED GETTING INVOLVED?

COMMUNICATION

- Newsletter
- Phone Calls
- Fundraising
- Event Setup/Cleanup
- No Preference

EVENTS

- Field Trips
- Talent Show/Dinner
- School Hour Events
- Family Fun Night
- Auction

- Walk-A-Thon
- Teacher/Staff Lunches
- Parties
- Dances
- Staff Appreciation Week
- No Preference

Are you able to commit 1 meeting per month? YES ___ NO ___

Time Preference? Morning ___ Afternoon ___ Evening ___

What skills/expertise would you like to offer to the Parent Council?

Thank you so much for your interest and support!

