Parent's Sign-In Sheet

School Name:				Name of Event:	Date:			
						When are you availal	ale? Check all th	nat annly
Parent Name	Child's Name	Grade/HR	Contact #	E-mail Address	Would you be interested in joining PTO or volunteering for a school event? Yes or No	Mornings	Afternoons	Evenings
					a sensorevent. Tes or no			