



# Parent Participation Card

To be signed off by Staff Members & returned to the Office by the end of Term 3

Name: \_\_\_\_\_

Family Code: \_\_\_\_\_

**Activities** ~ Canteens, Classroom Assistance, Reading, Officiating at Carnivals, Gardening, Attending P&F or Board Meetings, Helping with Fundraising Activities, Attending Parent-Teacher Meetings, Covering Library Books, Assisting with Transport for Excursions.

Activity: Canteen Date: 3/2/2010 Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: Carmel Moore (PRINT) Signed: _____ Office Use: SPJ <input type="checkbox"/> 14	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>
Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>
Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: <input type="checkbox"/>

### Office Use

Total Points: \_\_\_\_\_

(1/2hr = 2 points 1hr = 4 points 1 1/2hrs = 6 points / etc)

Date: \_\_\_\_\_

Processed: \_\_\_\_\_

Business Manager: \_\_\_\_\_

Signed: \_\_\_\_\_