



# Parent Participation Card

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

<b>Name:</b> _____
<b>Family Code:</b> _____

**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)                   (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)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>
Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>
Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>	Activity: _____ Date: _____ Hours: 1/2 1 2 3 4 5 6 (CIRCLE)                   (CIRCLE) Staff: _____ (PRINT) Signed: _____ Office Use: _____ <input type="checkbox"/>

### Office Use

Total Points: _____	Date: _____	Processed: _____
(1/2hr = 2 points    1hr = 4 points    1 1/2hrs = 6 points / etc)	Business Manager: _____	Signed: _____