

ST. GABRIEL CATHOLIC SCHOOL PARENT PARTICIPATION FORM

Your support is very valuable to the school, so please consider where you can realistically help out. If you have other possibilities not listed, please write them in below. Thank You.

Child's Name _____ Mother's Name _____
Address _____ Occupation _____
City/State/Zip _____ Father's Name _____
Telephone _____ Occupation _____

I would be able to work with the following group/groups if called:

TEACHER SUPPORT

Room Parent

School and Office Support

General Office

Phone/Messages/Errands

Playground Duty/7:30am-7:45am (a big need)

Lunch Duty/11:05am-11:50am (a big need)

Lunch Duty/11:50am-12:35pm (a big need)

EXTRA ACADEMIC AREAS

Academic Competitions

FUNDRAISING

Halloween Carnival/Trunk or Treat

Arts Festival

Soliciting Supplies/Parties

Other Areas

OTHER POSSIBILITIES:
