



We want to keep you informed!

STUDENT NAME	GRADE	TEACHER

Parent Name(s)

PLEASE PRINT

Parent Email(s)

PLEASE PRINT

Parent Number

I give permission to receive electronic communications from the Nabnasset Parent Teacher Organization (PTO). The PTO plans to send out a periodic newsletter, as well as occasional updates/calls for volunteers.

☐ Yes ☐ No

Parent Signature: _____ Date: _____

OPTIONAL:

Ready to get more active in the Nabnasset Parent Teacher Organization?

Select as many of these tasks/roles in which you are able to participate.

Organizational:

- ☐ Photocopying
- ☐ Take meeting minutes
- ☐ Social Media
- ☐ Sorting/Tallying Responses

Events:

- ☐ Set Up/Clean Up
- ☐ Facilitating
- ☐ Planning
- ☐ Making Flyers
- ☐ Organizing donations
- ☐ Weeding/Gardening
- ☐ Food Donations

Available Times

- ☐ Before School 7-9a
- ☐ Morning 9-12a
- ☐ Afternoon 12-3p
- ☐ After School 3-6p
- ☐ Evening 6-9p

Available Days

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Weekends