

## “Parent Involment = Student Success”

Dear Parents,

Parent involvement is one of the best predictors of student success. It has been proven that the children who have active parents in the school, are practically guaranteed a positive educational experience. Join us now to build that road to success

Please mark any projects that you can help with and return to your child’s teacher. We will contact you as the times approach.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>7:45 a.m. Parent/Visitor Sign-In Table</b>  | <input type="checkbox"/> <b>Flexercise</b><br>(1 hour per week for your child’s class)            |
| <input type="checkbox"/> <b>Candy/Wrapping Paper Sale</b><br>(Fall and Spring – Daytime)  | <input type="checkbox"/> <b>Scholastic Book Fair</b><br>(Dec. & March – Daytime & after school)   |
| <input type="checkbox"/> <b>Red Ribbon Week</b><br>Drug and alcohol awareness<br>(October 23-27 – Daytime)  | <input type="checkbox"/> <b>PTA Membership Drive</b><br>(Fall – Help needed day & night)          |
| <input type="checkbox"/> <b>Reflections</b><br>(A PTA Fine Arts contest in Nov/Dec – Day/Night)   | <input type="checkbox"/> <b>Box Tops for Education</b><br>(Help collect and count box tops)       |
| <input type="checkbox"/> <b>Condor Store</b><br>“caught being good” Store<br>(one Friday per month)   | <input type="checkbox"/> <b>Parent Volunteer for Valet</b><br>(One morning a week – 7:45 to 8:15) |
| <input type="checkbox"/> <b>Help in Library</b><br>(Read to students / help with Library tasks – Daytime)   | <input type="checkbox"/> <b>Donate baked goods</b><br>(Special events, staff luncheons/meetings)  |
| <input type="checkbox"/> <b>I would like to become a Room Parent</b>  | <input type="checkbox"/> <b>Yard Duty / Office Help</b><br>(Daytime)                              |
| <input type="checkbox"/> <b>I would like information to become involved in one of the Advisory Councils of Westport Heights. (More information to follow)</b> |   |

~~~~~ PLEASE RETURN BY SEPTEMBER 28, 2007 ~~~~~

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Student’s Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

E-mail Address \_\_\_\_\_ (For PTA & Booster Use ONLY)