

Yes, I am interested in helping with School Store.
Please return this form to Mrs.VanEnkevort or Mrs.Rosenthal.
Thank you!

Parent Name: _____

Student Name: _____

Student's Grade and Teacher's Name: _____

Phone Number: _____

E-mail: _____

Please check any specific dates you are able to help. Thank you! ☺

___ Friday, Dec. 2

___ Friday, March 3

___ Friday, Jan. 6

___ Friday, April 7

___ Thursday, Feb. 2

___ Friday, May 5