



**PLEASE PRINT CLEARLY**

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
**Mother's Occupation:** \_\_\_\_\_ **Father's Occupation:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**VOLUNTEER / DONOR FORM PLEASE CHOOSE OPTION ONE or OPTION TWO.**

**OPTION 1:** Parents can commit to 20 service hours (per family) to help our school. Please check boxes below where you would like to volunteer.

**PAC ACTIVITIES (Parent Advisory Council)**  
 "Teacher/staff support & encouragement"

	Mom	Dad
<b>Leadership</b>		
Attend monthly meetings	___	___
Serve as Coordinator or co-chair of one of the PAC Activities below	___	___
<b>Hospitality</b>		
Welcome Coffee (Aug)	___	___
Christmas Teacher Lunch (Dec)	___	___
Bring food/baked goods	___	___
Help set up, serve, clean up	___	___
Prepare decorations etc.	___	___
Decorate	___	___
Principal's List Breakfast (Jan)	___	___
Help set up, serve, clean up	___	___
Organize food	___	___
Decorations	___	___
Teacher Appreciation Lunch (May)	___	___
Bring food/baked goods	___	___
Help serve, set-up, clean-up	___	___
Prepare decorations	___	___
Decorate	___	___
Teacher Dinners (periodic)	___	___
School Picnic (Fall)	___	___
Planning	___	___
Helper	___	___
<b>Teacher Support</b>		
Room Parent	___	___
Room Parent Helper	___	___
Specialty Teacher Help	___	___
Art (includes Yearbook)	___	___
Library	___	___
Computer Lab	___	___
Music	___	___
Band	___	___
Sacred Dance	___	___

**PAC ACTIVITIES (Continued)**

	Mom	Dad
<b>Campus Support</b>		
Copy Cats (photocopying)		
Throughout year	___	___
Beginning of school (Aug)	___	___
Gardens		
Plant & maintain flower beds	___	___
Lost & Found		
Clear out bins 1x month	___	___
Table Washers		
Wash the lunch tables in a.m.		
once per week	___	___
once per month	___	___
<b>Fundraising</b>		
Jeans for \$1 Day	___	___
Box Tops/Store Programs		
Organize contests, count & send in boxtops	___	___
Sportswear Sales		
Hand out order forms and collect \$, order shirts & deliver shirts to classrooms	___	___
Restaurant Nights		
Contact restaurants & send out flyers to classrooms	___	___
Panther Penny Pursuit (Jan)	___	___
Entertainment Books (Aug)	___	___
Harkins Movie Tickets (Mar)	___	___

**FUNDRAISING**

	Mom	Dad
<b>School Auction (Fall)</b>		
Co-Chair	___	___
Planning	___	___
Acquisitions	___	___
Decorations	___	___
Food	___	___
<b>Project S.H.I.N.E. (Spring)</b>		
Co-Chair	___	___
Planning	___	___
Helper	___	___

**See reverse side for additional school programs to volunteer for!**



**VOLUNTEER / DONOR FORM (Continued)**

These are additional opportunities for Option # 1 service hours.

	Mom	Dad
<b>Picture Day/Health Screening</b>		
Picture Day		
Fall	_____	_____
Spring	_____	_____
Hearing/Eye Screenings	_____	_____
Nurse	_____	_____
<b>Spiritual Emphasis Team</b>		
Liaison to your church	_____	_____
Chapel Coordinator	_____	_____
BBOC (Dads praying)	_____	_____
Moms In Touch (Moms praying)	_____	_____
<b>Academic Events Team (judging, assist w/children)</b>		
ACSI Science Fair (Spring)	_____	_____
ACSI Spelling Bee (Spring)	_____	_____
ACSI Art Festival (Spring)	_____	_____
<b>Athletic Events Team</b>		
Field Day (Spring)	_____	_____
Coaching		
Sport _____	_____	_____
Sports Boosters	_____	_____
Uniform Exchange (PE & School)	_____	_____
(Help with resale of used uniforms)		
<b>Christmas/Spring Programs</b>		
Band Fall Concert	_____	_____
Christmas Music Program	_____	_____
Band Spring Concert	_____	_____
Pianist	_____	_____
Talent Show	_____	_____
Dinner Theatre	_____	_____
Set Up	_____	_____
Clean Up	_____	_____

**OPTION 2:** If parents cannot volunteer, they may donate \$200.00 (per family) to help cover costs of school operation. Please choose your payment plan below:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please check the plan:
- Whole Year Plan—Bill by September 1st
  - Half Year Plan—Bill September 1st and February 1st

**Please complete the reverse side of this form with names, phone numbers and emails. Thank you!**