

**Adopt-A-Class Membership Application
2011-2012**

Date: _____

Name of Business or Individual: _____
(As you would like to have it published)

Nature of Business: _____

Business Address: _____

Contact Person: _____ **Birthday (month and day)** _____

Work Phone: _____ **Home Phone:** _____

Fax Number: _____ **Email:** _____

Name of School: _____

Do you have a preference for a specific class or grade level? _____yes _____no

If yes, please circle the grade level, special class or program you would like to adopt.

- | | | |
|-----------------------|-------------------------------------|-------------------|
| 1 st grade | PreK | ESOL |
| 2 nd grade | Kindergarten | Speech & Language |
| 3 rd grade | Art | Media (Library) |
| 4 th grade | Music | Gifted Classroom |
| 5 th grade | Physical Education | Guidance |
| Technology | ESE (Glantz, Pace, Spafford, McVae) | |
| Accelerated Reader | Accelerated Math | PBS |

Specifically, which class would you like to adopt?

Do you have a child in one of these classes? _____yes _____no

If yes, full name of child _____

Would you like to have your adopted class visit your business on a field trip?
_____yes _____no

Please make you check in the amount of \$100.00 payable to the school of your choice.

Thank you for supporting education