

PSR Volunteer: I Can Help in the following areas:

____ Teach ____ Classroom Aide ____ Substitute Teach
____ Office Assistance ____ Hall Supervision

Name of Volunteer _____ Phone# _____

Is there anyone whom you would like to recommend to us who would be a possible candidate to teach PSR or be a Classroom Aide? If so, please provide:

Name: _____ Phone Number: _____

St. Brendan PSR Handbook Acknowledgement

I understand the PSR Handbook is available on-line or in printed format. I acknowledge receipt of the PSR Handbook for St. Brendan Parish. I have read and understand all of the policies and guidelines. My child/children and I will follow these guidelines for the 2012-2013 PSR school year.

Printed Name: _____

Signature: _____

Date: _____

Learning and Behavioral Considerations – (If no considerations, please list NONE)

Please list any special learning and/or behavioral considerations your child requires and of which the PSR Office and your child’s teacher should be aware. Please indicate any information that could currently affect your child’s ability to fully participate and cooperate in class.

Parent Signature: _____

Registered at St. Brendan? (circle one)

YES

NO

If no – What Parish is family registered?: _____