

ANNA DIST #37 PTO PARENT SURVEY

Student's Name: _____
Grade: _____ Teacher's Name: _____

Contact Information:
Parent/Guardian's Name: _____
Address: _____
E-Mail: _____
Home #: _____ Cell #: _____

Please mark all that apply.

I would be willing to help the PTO in the following ways:

- _____ Volunteer at PTO events
- _____ Volunteer to help on PTO committees
- _____ Classroom Party helper
- _____ Classroom Volunteer

I would be willing to present:

_____ To my child's classroom _____ To any classroom

Hobbies/ Special skills: _____

Occupation: _____

Trips/ Travel: _____

Special Experiences: _____

I would like to receive a reminder of the upcoming PTO meetings/events:

_____ Phone Call -- _____ Home # _____ Cell #

_____ E-Mail

_____ Note with student

Please complete this survey at this time and drop it in the basket provided. The surveys will be collected by a PTO LEADERSHIP TEAM member. The information will then be given to those teachers listed above.

Thank you for your time!!

Anna Dist #37 PTO Leadership Team