

## PSO INFORMATION FORM 2013-2014

Student name: \_\_\_\_\_

Student grade (circle): 7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup>   12<sup>th</sup>

Parent/Guardian name: \_\_\_\_\_

Email address (PRINT Clearly) \_\_\_\_\_

Phone:                      ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City ST Zip: \_\_\_\_\_

*I would like to help with the following team as a leader or be part of the team (circle one or several):*

**Communication Support      Office Support/Clerical      Teaching/Learning/Correcting**

**Facilities Support/Cleaning      Events for School, PSO & ASB      Fundraising      Other**

I can help: Mornings: \_\_\_\_\_ - \_\_\_\_\_ Afternoons: \_\_\_\_\_ - \_\_\_\_\_ Nights: \_\_\_\_\_ - \_\_\_\_\_