

# TKA Classroom

Volunteer Form '10-'11

~Please complete one for each student enrolled at The King's Academy~

Parent's Name \_\_\_\_\_  
How would you prefer we contact you? Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parents are requested to help with classroom activities, if available.  
The Classroom Coordinator will delegate needs and responsibilities for these activities to parents throughout the year. Please indicate the activities you would like to help with and the Classroom Coordinator will contact you.

\_\_\_\_\_ Yes, I would like to help with **Classroom Parties- Lower school**

\_\_\_\_\_ Yes, I would like to drive on **Field Trips** (All vehicles used to transport TKA students must carry valid insurance as required by the State of South Carolina to cover the driver's liability. **We must have this information on file before you drive.**

My time is: \_\_\_\_\_ flexible  
\_\_\_\_\_ I work part-time, but can be available on these days: \_\_\_\_\_  
\_\_\_\_\_ I work full-time, but want to be involved