Parent Participation Form

Student Name / Family: ____________________________________________________________

Parent(s) present at interview: ____________________________________________________

Parent(s) involved in Family Program: ____________________________________________

Who should receive grades: (must have email address to receive User Name and Password to view grades)

Parent Name: ___________________________ Email Address: _________________________
Home Telephone Number: ___________________________ Cell Phone Number: ____________

Parent Name: ___________________________ Email Address: _________________________
Home Telephone Number: ___________________________ Cell Phone Number: ____________

Parent Name: ___________________________ Email Address: _________________________
Home Telephone Number: ___________________________ Cell Phone Number: ____________

Parent Name: ___________________________ Email Address: _________________________

Parent(s) not involved in Family Program

Parent Name: ___________________________ Email Address: _________________________
____ Receive grades (yes or no) ____ Receive Mail (yes or no) ____ Receive Phone Calls & Other Contact (yes or no)
Home Telephone Number: ___________________________ Cell Phone Number: ____________

Parent Name: ___________________________ Email Address: _________________________
Home Telephone Number: ___________________________ Cell Phone Number: ____________
____ Receive grades (yes or no) ____ Receive Mail (yes or no) ____ Receive Phone Calls & Other Contact (yes or no)

Do you have an Educational Consultant who should receive grades?

Name: ___________________________ Email Address: ________________________________
Telephone Number: ___________________________