

PARENT SURVEY

If you are interested in volunteering at Salem Christian Academy, please use the space below to indicate in which areas you would like to assist. Return the completed survey to the school office. Thank you for your support.

	Comments
<input type="checkbox"/> Off-duty police officers to assist with traffic in a.m. and p.m.	_____
<input type="checkbox"/> Off-duty police officers to assist with security in school building	_____
<input type="checkbox"/> School nurse (RN) to assist in state medical record compliance	_____
<input type="checkbox"/> Assist teacher with grading of papers	_____
<input type="checkbox"/> Assist teacher with bulletin boards	_____
<input type="checkbox"/> Assists with fieldtrips	_____
<input type="checkbox"/> Assists with Chapel on Friday afternoon	_____
<input type="checkbox"/> Assist in the library	_____
<input type="checkbox"/> Assist office staff with projects, copies, etc.	_____
<input type="checkbox"/> Assist with S.C.A.'s website	_____
<input type="checkbox"/> Assist with telephone calls (as needed)	_____
<input type="checkbox"/> Assist with lunchroom supervision	_____
<input type="checkbox"/> Assist with morning arrivals and/or tardy slips	_____
<input type="checkbox"/> Assist with afternoon departures	_____
<input type="checkbox"/> Grandparent Club	_____
<input type="checkbox"/> Other area(s) of interest	_____

PARENT INFORMATION

Name: _____ Child's(ren') Name(s): _____

Address: _____ City: _____ State: _____ ZIP _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ Email address: _____

Hours to volunteer: _____ Morning _____ 9 – 11 a.m. _____ 2 – 3 p.m.
_____ Afternoon _____ 12 – 2 p.m. _____ All day