



Mount Carmel School

P.O. Box 500006
Saipan, MP 96950
Tel: (670) 234-6184/234-7188
Fax No. (670) 235-4751
Email: mtcarmel@pticom.com
Web: <http://www.mtcarmel-edu.net>

PARENT/GUARDIAN INVOLVEMENT FORM

NAME: _____ DATE: _____

TIME BEGIN: _____ TIME ENDED: _____

LOCATION: _____

NAME OF CHILDREN ATTENDING SCHOOL AND GRADE:

_____	_____
_____	_____
_____	_____
_____	_____

DESCRIPTION OF INVOLVEMENT (eg. in-kind donation, volunteer for activity attending meetings, helping classroom teacher, etc.):

SCHOOL REPRESENTATIVE

DATE

Approved by: _____ Date: _____

Total number of hours to be credited: _____