



Name: _____

Address: _____

Phone Number: _____

Email: _____

Relationship to student (parent, grandparent, uncle etc.):

How would you rather be contacted (Check one):

Phone _____ or Email: _____

Were you a Watch Dog last year? _____

Do you have a TB test on file at Red Hawk? _____

Child's Name (first and last)	Teacher	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transitional Kindergarten/Kindergarten students only (check one):

Early Bird: _____ or Late Bird: _____

All of the items listed below must be complete and submitted to the office before your volunteer date.

These forms are available on our school website.

Please be aware we do not call to confirm.

- TB Test
- Volunteer Code of Conduct
- Megan's Law Background Check