



2006 - 2007

## Parking Lot Supervision Response Form

Parent Name (s) \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_ I will provide parental supervision of the parking lot. I have checked off the weeks I cannot be available. (Two weeks a school year)

\_\_\_\_\_ I will not be able provide parental supervision of the parking lot. I have attached my \$50.00 check to cover the cost of a scheduled substitute. Make checks payable to the **St. Joseph PTO**.

### **Cannot Supervise**

\_\_\_ Morning

\_\_\_ Afternoon

### **Not available the Week Of (Check all that apply)**

\_\_\_ Aug 27    \_\_\_ Sept 3    \_\_\_ Sept 10    \_\_\_ Sept 17    \_\_\_ Sept 24    \_\_\_ Oct 1

\_\_\_ Oct 8    \_\_\_ Oct 15    \_\_\_ Oct 22    \_\_\_ Oct 29    \_\_\_ Nov 5    \_\_\_ Nov 12

\_\_\_ Nov 19    \_\_\_ Nov 26    \_\_\_ Dec 3    \_\_\_ Dec 10    \_\_\_ Dec 17    \_\_\_ Jan 7

\_\_\_ Jan 14    \_\_\_ Jan 21    \_\_\_ Jan 28    \_\_\_ Feb 4    \_\_\_ Feb 11    \_\_\_ Feb 18

\_\_\_ Feb 25    \_\_\_ Mar 4    \_\_\_ Mar 11    \_\_\_ Mar 18    \_\_\_ Mar 24    \_\_\_ Apr 1

\_\_\_ Apr 15    \_\_\_ Apr 22    \_\_\_ Apr 29    \_\_\_ May 6    \_\_\_ May 13    \_\_\_ May 20

\_\_\_ May 27    \_\_\_ Jun 3

Please return this form to the school office by Friday, August 25, 2006. If we do not receive your form, the assumption is you will be able to supervise the parking lot during any of the above weeks and times.