



For Fathers and Father Figures We Want to Get To Know YOU!

What are your hobbies or interests?

Do you have specific skills or interests that you would be willing to share with the school? (For example: work responsibilities, athletic talents, cultural experiences, carpentry, landscaping, etc.)

What do you and your child(ren) do together?

Are you interested in participating in the following: (circle all that apply)

Site Council Watch D.O.G.S Father/Child Activities Mentoring

What days and times are you available?

Best Day: Mon Tues Wed Thurs Fri

Best Time: _____

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell : _____ Work: _____

E-Mail: _____

Student Name: _____ Grade: _____
