

In an effort to increase communication between school and home about events happening at ALS, volunteer opportunities, school needs, etc., we are asking **EVERY family** to please take a few minutes to fill out this form and return it to your homeroom teacher by

Friday, September 26, 2008.

Name(Mother)_____ (Father)_____

Address_____ City_____ Zip code_____

Day/Work phone_____ Home phone_____ Cell phone_____

Email address (please print clearly)(mother)_____

Email address (please print clearly)(father)_____

Child_____ Teacher _____ Grade_____

Child_____ Teacher_____ Grade_____

Child_____ Teacher_____ Grade_____

Child_____ Teacher_____ Grade_____

Place of employment (Mother)_____ (Father)_____

(Grandmother)_____ (Grandfather)_____

(Grandmother)_____ (Grandfather)_____

Occupation (Mother)_____ (Father)_____

(Grandmother)_____ (Grandfather)_____

(Grandmother)_____ (Grandfather)_____

Hobbies/Talents (Mother)_____ (Father)_____

(Grandmother)_____ (Grandfather)_____

(Grandmother)_____ (Grandfather)_____

Are you available to volunteer? ___yes___no In what capacity would you like to volunteer?

(Mother)_____

(Father)_____

(Grandmother)_____ (Grandfather)_____

(Grandmother)_____ (Grandfather)_____

The Owl Family Association will begin distributing a monthly school newsletter in October. Newsletters for parents with children in grades 4K-6th will be sent home in the student's folder. For parents with children in grades 7th-12, how would you prefer to receive the newsletter? (regular mail or email) _____
Mail/email address _____

An ALS Business Directory will be assembled and distributed to each ALS family free of charge. The directory will allow families to advertise their businesses and offer discounts to other ALS families.

Business Owner Information for Directory

Name of Business (Parent) _____
Type of Business(Parent) _____
Address _____ city _____ zip _____ phone _____
Are you interested in providing discounts to ALS families? __yes__no If so, what type? _____
May we include your information in the directory? _____yes_____no

Name of Business (Grandparent) _____
Type of Business(Grandparent) _____
Are you interested in providing discounts to ALS families? __yes__no If so, what type? _____
Address _____ city _____ zip _____ phone _____
May we include your information in the directory? _____yes_____no

Name of Business (Grandparent) _____
Type of Business(Grandparent) _____
Are you interested in providing discounts to ALS families? __yes__no If so, what type? _____
Address _____ city _____ zip _____ phone _____
May we include your information in the directory? _____yes_____no

Save the date! On **Monday, October 20th** the Owl Family Association will host our 1st Family Night Out. Join us for chili and a **faculty Newlywed Game!** This will be a great opportunity for you to learn about the plans we have for the year and how you can help. Stay tuned for more information.