

AUBURN VILLAGE SCHOOL PTA

Student Volunteer Consent Form

Name of Student:

Grade:

Homeroom Teacher:

Parent/Guardian Name:

Email:

Phone:

I, _____ (parent name) give my child,
_____ (student name) permission
to volunteer and participate in the events sponsored by the
Auburn Village School PTA.

I confirm that my child must be signed IN and OUT at the volunteer
table at the front of the event by a parent or trusted ADULT.

ALTERNATE ADULT: _____
(AUTHORIZED FOR PICKUP BESIDES PARENT/GUARDIAN LISTED ABOVE)

PARENT SIGNATURE

DATE

PLEASE BE SURE TO SELECT EVENTS THAT YOUR
STUDENT IS INTERESTED IN ON THE BACK OF THIS
FORM!

