

TRINITY LUTHERAN SCHOOL

PTL VOLUNTEER FORM

PARENT NAME: _____

PHONE: _____

STUDENT NAME(S): _____

GRADE(S): _____

Yes, I would like to be a room parent for grade _____

Yes, I would like to be a head room parent for grade _____

Yes, I would like to chair or co-chair this committee: _____

Yes, I would like to volunteer for the following committees: _____

THANK YOU for being part of PTL!