

Koraes Elementary School
2023-2024 Volunteer Policy Consent Form

I/We, _____ representing the
(Print First and Last Parent/Guardian Name)

_____ Family, have chosen
(Print Family Name)

(check one)

Option 1: _____

Option 2: _____

to fulfill the Volunteer Policy for the 2023-2024 School Year for the I/We understand our volunteer obligation and the expectations set forth in the option we chose.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Office Use Only

Date Check and Form Received: _____

Check Number: _____