

{SAMPLE CLASS ROOM REP LETTER}

Hello Second Grade Parents!

My name is Jill Moore (Mia’s mom). I’d like to introduce myself since I will probably see a lot of your children this year and you will see my name pop up quite a bit. I’m excited to fulfill the role of Room Rep for Ms. Siminski, with help by Staci Rose-Hagler (Wynn’s mom) as well. We will do our best to keep you up-to-date on activities that are going on at school and in the classroom.

Class Directory: Our first project is to compile a class list, in order to reach each other with important information. Please fill out the information below and return to the teacher ASAP.

Classroom Volunteers: The rules have changed significantly due to tightened security measures (this is coming from the school district). If you are not an approved LISD volunteer, you will not be allowed to help in any classroom events, field trip or functions. You will be able to attend (except field trips), but cannot assist in any manner (i.e., working at different party stations during class parties). Therefore, I am asking each parent to please go to our school website www.cypress.my-pta.org and click on the volunteer tab to complete the information as directed, to become an **Approved Volunteer**. By registering, YOU ARE NOT obligated in any way to volunteer, but it will allow me to have a pool of parents to pull from when help is needed during our classroom parties or field trip.

We hope to get the chance to meet each of you very soon!

Jill Moore	Staci Rose-Hagler
{Email Address}	{Email Address}
512.XXX-XXXX Cell	{Phone Number}

.....

Parent Name(s): _____
 Name of your child: _____
 Email Address: _____
 Home/Cell Phone Number: _____

- ❖ Does your child have food allergies that you wish to share with the other parents? _____ Yes
 _____ No If so please use this space: _____
- ❖ I will be making a class directory and giving a copy to everyone. Is it ok for your child’s information to be on there: ___Yes ___No
- ❖ I give permission to distribute my contact information to my child’s class. ___Yes ___No
- ❖ I give permission to distribute my contact information to the Room Representative ONLY.
 _____ (Initial here)
- ❖ I would prefer not to share my contact information. _____ (Initial here)

Signed: _____ Date: _____

Please return this (bottom half) sheet to Ms. Siminski as soon as possible. Thank you ☺