



Hopewell School's Roots & Shoots Multi-ability Team

I am interested!

Name is _____

Grade _____

Classroom Teacher _____

Parent's phone _____

Parent's email _____

The person who will pick me up (if not parent) _____

My contact information for that person _____

My back-up person and contact in case of emergency _____

Person accompanying me (if one is necessary) _____

Medical concerns, allergies _____

Please return forms to Mrs. Taylor or through the office

If more students apply than can be included, we will draw names.