



Receipt # _____

Bay Vista Fundamental ADOPT-A-CLASS PROGRAM

Yes! I would like to Adopt-A-Class for the 2019-2020 School Year!

Please accept my donation in the amount of \$ _____ for the Adoption of the following class/classes or programs:
(Please specify amounts if adopting more than one class or program)

<input type="checkbox"/> Kindergarten	Teacher Name:
<input type="checkbox"/> 1 st Grade	Teacher Name:
<input type="checkbox"/> 2 nd Grade	Teacher Name:
<input type="checkbox"/> 3 rd Grade	Teacher Name:
<input type="checkbox"/> 4 th Grade	Teacher Name:
<input type="checkbox"/> 5 th Grade	Teacher Name:
<input type="checkbox"/> ASD Class	Teacher Name:
<input type="checkbox"/> Library/Media Center	
<input type="checkbox"/> Technology	
<input type="checkbox"/> Art	
<input type="checkbox"/> Music	
<input type="checkbox"/> Field Trips (specify grade level)	
<input type="checkbox"/> Physical Education	
<input type="checkbox"/> Positive Behavior Program	
<input type="checkbox"/> Guidance Program	
<input type="checkbox"/> Other:	

Name: _____

Address: _____

Business: _____

Phone: _____

Email: _____

Signature: _____

Please make checks payable to **Bay Vista Fundamental**
Checks can be mailed to 5900 Dr. Martin Luther King Jr. St. S, St. Petersburg, FL 33705-5502

If you have any questions, please contact Ginni Smith, Secretary/Bookkeeper at 727-893-2335
We are confident you will find our program a worthwhile investment for yourself, your organization and most importantly, the students.

Thank you for your support!

Please check one:

- Any funds remaining at the end of the 2019-2020 school year shall be transferred to the Adopt-A-School account which shall be used at the discretion of the Principal and will be used to benefit the entire student body.
- If funds are not spent during the 2019-2020 school year, I agree to allow the teacher to retain the funds for the following school year.