

# North Shore Elementary

## ADOPT-A-CLASS PROGRAM

**Yes!** I would like to Adopt-A-Class for the 2025-2026 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"/> PPK/VPK	Teacher Name: _____	
<input type="checkbox"/> Kindergarten	Teacher Name: _____	
<input type="checkbox"/> 1 <sup>st</sup> Grade	Teacher Name: _____	
<input type="checkbox"/> 2 <sup>nd</sup> Grade	Teacher Name: _____	
<input type="checkbox"/> 3 <sup>rd</sup> Grade	Teacher Name: _____	
<input type="checkbox"/> 4 <sup>th</sup> Grade	Teacher Name: _____	
<input type="checkbox"/> 5 <sup>th</sup> Grade	Teacher Name: _____	
<input type="checkbox"/> ASD Classrooms	Teacher Name: _____	
<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Academic/Behavior Achievement	
<input type="checkbox"/> Art	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Campus Beautification
<input type="checkbox"/> Music	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Family Engagement
<input type="checkbox"/> PE	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> General Student Body
<input type="checkbox"/> Gifted	<input type="checkbox"/> Media/Technology	<input type="checkbox"/> VE
____ Another Program	Name of Program: _____	

**Signature:** \_\_\_\_\_

Individual/Business Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and/or email: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

***Please check one:***

- ☐ Any funds remaining at the end of the 2025-2026 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 2025-2026 school year, I agree to allow the teacher to retain the funds for the following school year.

Make checks payable to **North Shore Elementary**.

Please submit form and donation to Front Office or mail to 200 35<sup>th</sup> Ave. NE, St. Petersburg, FL 33704

If you have any questions, please contact Secretary/Bookkeeper at 727-893-2181.

We are confident our program is a worthwhile investment for yourself, your organization, and most importantly, the students.

***Thank you for your support!***

Office Use:

Account Name/Number \_\_\_\_\_ Receipt # \_\_\_\_\_