



Receipt # _____

**North Shore Elementary
ADOPT-A-CLASS PROGRAM
2024-2025**

Yes! I would like to Adopt-A-Class!

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"/> PreK/VPK	Teacher Name:
<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"/> Physical Education	
<input type="checkbox"/> Art	
<input type="checkbox"/> Music	
<input type="checkbox"/> Field Trips (specify grade level)	
<input type="checkbox"/> Guidance Program	
<input type="checkbox"/> Gifted Program (Mrs. Leskanic)	
<input type="checkbox"/> Other:	

Name: _____

Address: _____

Business: _____

Phone: _____

Email: _____

Signature: _____

Please make checks payable to **North Shore Elementary**
Checks can be mailed to 200 35th Ave. N., St. Petersburg, FL 33704

If you have any questions, please contact Renee Macon, Secretary/Bookkeeper at 727-893-2181. We are confident you will find our program a worthwhile investment for yourself, your organization, and most importantly, the students.

Please check one:

- ☐ Any funds remaining at the end of the 2024-2025 school year shall be transferred to the Adopt-A-School account, which shall be used at the principal's discretion and used to benefit the entire student body.
- ☐ If funds are not spent during the 2024-2025 school year, I agree to allow the teacher to retain the funds for the following school year.

Thank you for your support!