Adopt-a-Class or Business Partnership

2023 - 2024 Membership Form

Name of Business/Individual(s)__________________________________________

Address_________________________________________________________________

E-mail Address___________________________________________________________

Contact person_________________________________________________________________

Work Phone ____________________ Home Phone __________________________

Financial Donation $___________ (any donation is appreciated)

Cash _____ or Check# _________ (check payable to Skycrest Elementary)

Do you have preference for a specific class, grade level, or department such as: ESOL, Speech, Gifted, OT/PT, PE, Art, or Music? Yes____ No____

If yes, please indicate class or teacher________________________________________

Student’s Name(s)________________________________________________________________

If the funds are not used by the end of this school year, do you agree to have the balance placed in a general Adopt-A-School account to benefit Skycrest students? Yes_____ No____

__________________________________________  ______________
Signature of Adopter/Partner               Date

Thank you for your generous support! Skycrest Elementary appreciates YOU!!!