Clearwater Fundamental Middle School  ◇  Adopt A Class Partnership Form

Name of Business or Family: ____________________________________________
Contact Person: ______________________________________________________
Complete Address: _____________________________________________________
City: _______________________ Zip Code: __________________________
Phone: ______________________ Email address: __________________________
Student Name: _______________________________________________________
Student Grade: ______________________________________________________

Please consider the option designating your donation to any class or program. Donations of any amount are always welcomed and appreciated.

Please indicate your choice by checking the appropriate box:

☐ Adopt any of the classes/teachers listed below

1st Choice ____________________________
2nd Choice ____________________________

☐ School-wide Guidance Program
☐ School-wide Literacy Initiative
☐ Student Recognition Program

☐ Adopt any of the school clubs listed below

1st Choice ____________________________
2nd Choice ____________________________

☐ Media Center
☐ Please note special instructions: (indicate here if you want the funds divided amongst your student’s teachers)

______________________________________________________________

Please make checks payable to:

Clearwater Fundamental Middle School
1660 Palmetto Street
Clearwater, FL 33755-5515

Would you be interested in speaking to classes during the Great American Teach-In in November?
Yes or No (please circle one)

** Unless otherwise specified in special instructions above, any unused funds will be carried over in the Adopt-A-School program for school-wide use in future school years.