

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 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)

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 _____

Adopt any of the school clubs listed below
1st Choice _____
2nd Choice _____

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

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

** 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.