

Cypress Woods Elementary Adopt-A-Class Program

Yes! I would like to Adopt-A-Class for the New 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"/> VE | Teacher's Name: | |
| <input type="checkbox"/> IVE | Teacher's Name: | |
| <input type="checkbox"/> Pre-K | Teacher's Name: | |
| <input type="checkbox"/> Kindergarten | Teacher's Name: | |
| <input type="checkbox"/> 1 st Grade | Teacher's Name: | |
| <input type="checkbox"/> 2 nd Grade | Teacher's Name: | |
| <input type="checkbox"/> 3 rd Grade | Teacher's Name: | |
| <input type="checkbox"/> 4 th Grade | Teacher's Name: | |
| <input type="checkbox"/> 5 th Grade | Teacher's Name: | |
| <input type="checkbox"/> Media Center | <input type="checkbox"/> Art | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Music | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> School Wide Enrichment | <input type="checkbox"/> Student Council | <input type="checkbox"/> PMAC |
| <input type="checkbox"/> School Beautification | <input type="checkbox"/> Safety Patrol | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Gifted - Teacher: | |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Speech - Teacher: | |

Please Check One:

- If funds are not spent during the school year, I agree to allow the teacher to retain the funds for the following school year.
- Any funds remaining at the end of the 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 student body as a whole.

Signature: _____

Name: _____

Business: _____

Phone and/or email: _____

Please make your checks payable to Cypress Woods Elementary.

Checks can mailed to 4900 Cypress Woods Blvd. Palm Harbor, FL 34685

If you have any questions, please contact Janet Orito, School Bookkeeper @ 727-538-7325 Ext. 2002

We are confident that you will find our program a worthwhile investment for yourself, your organization, and most importantly, the students.

Thank you for your support!!

CYPRESS WOODS ELEMENTARY SCHOOL
CLASSROOM PARTNERSHIP PROGRAM

Supportive, Involved, Generous – 3 words to describe our Classroom Partners.
Grateful, GRATEful, GRATEFUL! – 3 words to describe our students & staff.

The Classroom Partnership program offers Donors the opportunity to enhance each and every Cypress Woods student’s learning experience. With each tax-deductible donation of \$100 dollars, we are able to supplement classroom materials, fund special projects and continue to promote an atmosphere of mutual pride and respect between our staff, students, families, and community members. Partnerships may be directed to any classroom, department, or program and may also be given as an undesignated donation that would allow us to “share the wealth” among our entire school.

**PLEASE CONSIDER SUPPORTING OUR SCHOOL BY BECOMING A
CLASSROOM PARTNER!!**

| | | | |
|--------------|---------|----------|--|
| Account # | | Receipt: | |
| Check # | | Amount: | |
| Rollover to: | Teacher | School | |

(For Bookkeeper Use Only)