

Belcher Elementary ADOPT-A-CLASS PROGRAM

Yes! I would like to Adopt-A-Class for the 2024-2025 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).

D Pre-K/VPK	Teachers Name:			
☐ Kindergarten	Teachers Name:			
\square 1 st Grade	Teachers Name:			
\square 2 nd Grade	Teachers Name:			
3 rd Grade	Teachers Name:			
□ 4 th Grade	Teachers Name:			
\Box 5 th Grade	Teachers Name:			
U VE Classes	Teachers Name:			
Gifted Classes	Teachers Name:			
Front Office	SAC SAC	Music		
Art	Chorus	Clubs/Groups		
☐ Family Engagement	Field Trips/Disadvantaged	Technology/Media Center		
D Physical Education (P.E.)	□ Staff Appreciation	Guidance		
□ Landscaping/Beautification	Student Services	Other:		

Please check one:

If funds are not spent during the 2017-2018 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 2017-2018 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.

Signatu	re:	 	
-			
Name:			

Name: ____

Business:

Phone and/or email:

Please make your checks payable to Belcher Elementary School

Checks can be mailed to 2215 Lancaster Drive Clearwater, FL 33764, Attn: Bookkeeper

If you have any questions, please contact Lanae Smoaks, School Secretary/Bookkeeper at (727) 538-7437 ext 2005.

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

Thank you for your support!