

RECYCLING TEAM APPLICATION

NAME _____

GRADE _____ HOMEROOM _____

I was on the Recycling Team last year _____

AVAILABILITY (*AFTER SCHOOL 2:35-3:15*)

MONDAY _____ WEDNESDAY _____

PICK UP IN CAR (BACK CIRCLE) _____

WALKER (PLEASE LABEL DOOR) _____

(CIRCLE ONE)

WITH PARENT

WITHOUT PARENT

TRAILBLAZERS _____

Should I be chosen to participate in the Recycling Team, I understand that I need to be reliable and responsible. I promise to attend regularly, to be on time, and to instruct students and teachers in what can and cannot be recycled.

Student signature _____

I give permission for the above mentioned child to apply for the Rosa Parks Recycling Team. I understand my child will need to be picked up or will leave independently by 3:15pm each recycling day.

As part of being a participant on the RPE Recycling Team, I understand that video tapes, photographs, and webpage photos may be produced by school personnel or outside media. My signature represents my permission to include my child's photo or projects in video tapes, photographs, newspaper articles, and web pages.

Parent signature _____

Cell phone number _____

Email address _____

Contact information is needed to notify parents of cancellations or other announcements as well as in the event a child has not been picked up. Please contact Mrs. Reams via email if your child will be absent for one reason or another. stephanie.reams@fayette.kyschools.us Thank you!!!

