



Kairos Public School Vacaville Academy

PARENT PARTICIPATION RECORD

All information must be **complete** and **legible**.

Please make a **copy** for your records prior to submitting the form.

Date Submitted: ____/____/____

Parent/Guardian name: _____
(as listed in ptomanager) Please print clearly

Student(s) Legal Name: _____ Grade(s): _____

Email Address: _____ Phone: _____
(as listed in ptomanager)

Please list specific event or activity:		Hours will ONLY be approved with staff/chair signature.	
Activity/Donation Description	Date	Hours Earned	Staff/Chair Signature
Total Hours Submitted:			

Gift Card Donation: You must specify which organization you wish to donate your gift card to:

- KPSVA
 Parent Advisory
 Specific Teacher _____

✂ Keep this portion for your record of supply and gift card donations. ✂ Please retain for your records. ✂
(Please see reverse for supply/gift card donation requirements.)

Thank you for your generous donation to KPSVA. This is your donation receipt; please retain for your records.

I made a \$ _____ donation of supplies/gift cards to KPSVA on ____/____/____.

Received by: _____

Donations made to a public charity may be considered a donation on your state and federal tax return. Please consult your tax professional for further information.