TOGETHER We Make a Difference!

Family-School Partnership Activity Sign-in Form

Activity Name_____ Date of Activity_____

Name of School_____ Contact Person_____

Thank you for your attendance! In order for the Parent Education Network to follow up with our families on the success of events like this, they are asking that we provide them with a sign-in sheet. If you are willing to provide feedback, please fill out the information below.
Staff from the Parent Education Network may contact you by email to participate in a survey. Thanks again!

Please Note: *Your email is safe with us! We will not distribute or sell your information—this is for PEN survey use only!!*

Name	Role (Parent/Teacher/Administrator)	Email address

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Name	Role (Parent/Teacher/Administrator)	Email address

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