



Parent Participation Program

By giving of your time and expertise through the Parent Participation Program at SACS, you will discover new things about your school and develop a better understanding of how Christian education works to benefit your child. Following are the requirements of the Program as voted by the SACS School Board:

1. A minimum of ten (10) Parent Participation hours are required of each family every school year (running June – May).
2. Parents and immediate family members are allowed to receive credit for their hours of service (siblings of SACS students must be 16 or older). Please check with the Program Coordinator if you have questions regarding who can participate.
3. In order to receive credit, participants must record their service hours appropriately in the Parent Participation Program log book located at the school.
4. Hours may be accomplished in a variety of ways:
 - Active participation in planning, set-up, or take-down at school functions.
 - Planning or driving for field trips.
 - Hot lunch and other school-wide fund-raising programs (excluding 8th grade).
 - Custodial and yard work, plant maintenance.
 - Providing specific help requested by teachers for their classrooms.
 - Other items determined to be appropriate by the Program Coordinator.
5. At the end of the school year, each family will be billed at \$10.00 per hour for any Parent Participation hours not completed. This charge will be treated in the same manner as any other fee owed to the school.

Parent Participation Program Contract

I have received and read a copy of the requirements for the Parent Participation Program at Savannah Adventist Christian School and I understand what is expected of my immediate family and me. I promise to do my part to make SACS an excellent place to go to school. I will make arrangements for my family's Parent Participation hours to be completed by May 1 of the current school year. I understand that if those hours are not put in, I will be billed at \$10.00 per hour for each hour not completed. I have also listed the names, addresses, and phone numbers of any immediate family members who have agreed, or who I expect to agree, to help me fulfill this requirement. I understand that each individual must complete background screening and training via Shield the Vulnerable in order for them to spend time on the school campus or in contact with students when school is in session. If I have any questions, I will contact the Program Coordinator.

Family Member Name	Email	Phone
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Family Member Name	Email	Phone
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Family Member Name	Email	Phone
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Family Member Name	Email	Phone
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Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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