

PARENT PARTICIPATION PROGRAM 2024-2025

Family Name: Student Names:			
Mother's Name:	Cell:	Email:	:
Father's Name:	Cell:	Email:	
What is required?			
payable to St. Ann's Ac choice.	articipation level and a ademy, dated Septem	ittach one ch i ber 1, 2024 <u>o</u>	y 1, 2024 to May 31, 2025. eque to this form in the amount of \$600, or May 15, 2025 per your participation level es cashed after the May 15 th date.
I choose to actively participate in the PPP by completing 20 hours of parent participation by May 31, 2025. I enclose a \$600 cheque dated May 15, 2025 which will be cashed only if I do not complete all 20 hours. I understand there will be no refund processed for partial completion of the assigned 20 hours of Parent Participation.		OR	I choose NOT to actively participate in the PPP through volunteer hours. I agree to participate by paying the \$600 fee. I enclose a cheque for \$600 dated September 1, 2024 which will be deposited immediately.
Signature		•	Signature
20 Hours Completed		r Office Use O	only
20 Hours Completed: Deposit Cheque:	YesNo Shredded	Returned	Deposited
Etransfer Deposit: Cash Deposit:	Carried Over Carried Over	Refunded Refunded	Deposited