



2024 ADOPTER APPLICATION

INFORMATION:

Organization or Business Name: _____

Primary Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

Name & Email of each additional volunteer who will participate in campus activities:

1. _____

2. _____

3. _____

*if additional space is needed, please use back of form or email rlockridge@wisd.org

PREFERENCES:

Do you have preferences regarding placement with a certain campus or teacher?

_____ No. I am willing to serve wherever I am needed.

_____ Yes. I prefer placement at the following campus: _____

_____ Yes. I prefer placement with the following teacher: _____

_____ Yes. I prefer placement in a Dual Language classroom.

*We will do our best to honor all requests, but cannot guarantee placement

Each campus will have a “lead adopter” this year in charge of bi-monthly check-ins with teachers, community members, and the PIE Board regarding how the program is functioning on their specific campus.

Would you be interested in serving as the Lead Adopter for your campus? ____ Yes ____ No

Do you have any preferences regarding your involvement in the classroom?

_____ No. I am willing to help wherever the teacher needs me.

_____ Yes. I prefer to help with the following activities:

_____ Tutoring _____ Reading to the Class _____ Classroom Parties

_____ Supply Prep _____ Take home projects _____ Filing/Organization

_____ Door greeter _____ Other: _____

COMMITMENT:

I have read the Standards of Commitment and am excited to partner with WISD by adopting a 3rd grade classroom for the 2024-2025 school year. I will follow the guidelines set forth in the Volunteer Guide and will keep an open line of communication with my Teacher & Lead Adopter. I understand that all representatives from my organization must clear a background screening prior to entering the classroom.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Please return completed form to: rlockridge@wisd.org