



Recycling Team Registration Form



This form must be returned on to Mrs. Jones no later than
September 16th.

Name: _____

Classroom Teacher: _____

Grade: _____

Parent's Name: _____

Phone Number: _____

Emergency Phone Number: _____

Semester Preferred: _____ Fall _____ Spring

Please indicate any needs as far as carpooling, etc.:

My child _____, has my permission to help with recycling.

Signature _____