

# Harrisville Central School

14371 Pirate Lane  
Harrisville, NY 13648

## Chaperone Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Do you have children within Harrisville Central School?      Yes  No

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

I hereby have read and understand the expectations related to being a volunteer chaperone for the Harrisville Central School District and agree to serve as a positive role model for our children.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date