

2018 CLASS PARENT NOMINATION FORM



First Name *

Last Name *

Email *

Contact Phone Number *

Birthday

/ (year not required)

I would like to be a class parent for the following year/s (You may nominate more than one year group if you wish)

Prep	Year 3	Year 7	Year 10
Kindy	Year 4	Year 8	Year 11
Year 1	Year 5	Year 9	Year 12
Year 2	Year 6		

I am happy to be a Team Leader for (only nominate one year group)

Prep	Year 3	Year 7	Year 10
Kindy	Year 4	Year 8	Year 11
Year 1	Year 5	Year 9	Year 12
Year 2	Year 6		

My Children are in the following years at Thomas Hassall Anglican College in 2018

Student 1 Class

Student 2 Class

Student 3 Class

Student 4 Class

Preferred Meeting Days

Time

Complete this form in Adobe Reader and click [Submit](#) to email directly from your email program. If using webmail, save a copy to your computer and add as an attachment to your email.

* Denotes mandatory fields.

