



# Student Safety Valet Application

Name of School:      Tovashal Elementary School

## **STUDENT SECTION**

Thank you for your interest in becoming a Student Safety Valet Team Member for your school. Please fill out the following application.

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Mornings I am available (please circle):      **M**      **T**      **W**      **TH**      **F**

**Valets commit to being at school by 7:45am on the mornings they are assigned. Valets will finish their post once the first bell rings, to ensure punctual attendance to class. Please return this application by August 31<sup>st</sup> to your teacher or the front office.**

Phone(s): \_\_\_\_\_

1. I am willing to be a Student Safety Valet for:

- 3 months       6 months       Entire school year 2018/2019

2. Please explain why you want to be a Student Safety Valet Team Member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please read the following Valet rules and responsibilities:

- Obey the rules at all times. Remember you are a role model for others.
- Be courteous and respectful.
- Report on time and sign in at the office before going to your post.
- Serve the assigned days and times.
- Follow directions given by the supervising adult.
- Attend required monthly meetings
- Be a helpful, responsible team member

**I understand and agree to follow the rules and responsibilities of a Student Safety Valet Team Member.**





\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

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**PARENT/GUARDIAN SECTION**

€ I give my permission for my child to participate in the Student Safety Valet Program.

€ I am interested in volunteering for the Student Safety Valet Program.

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Name (Please print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

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**SCHOOL ADMINISTRATION SECTION**

\_\_\_\_\_  
*Counselor Approval*

\_\_\_\_\_  
*Date*