## Level Creek Elementary PTA Document Checklist

Committee:	
Contact Name:	<del>-</del>
Teacher:	Grade:
Purpose:	<del>-</del>
Date needed for distribution:	
This document has been approved with changes: (Note changes on document.)	
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Date Returned:	

Once reviewed this form will be placed in the committee file. You must have your document approved prior to submitting it for copying or distribution.