



Success Institute Charter School

1424 #2 Rickert St | Statesville, NC 28677
Office: 704.881.0441 | Fax: 704.881-0870

SUCCESS INSTITUTE CHARTER PARENT MEETING/WORKSHOP MINUTES

Date of meeting: ___/___/___

Time: _____ am pm (circle one)

Parents Present:

| |
|-----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
| 18. |
| 19. |
| 20. |

Other Members (Title I Teachers, Classroom Teachers, Principals, etc.)

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|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

Program Minutes:

| |
|--|
| |
|--|

Submitted by: _____