

PTO Membership Form



Return form and payment in envelope provided to your child's teacher.

Family \$5 / Single \$3 - Total Enclosed \$ _____

Contact Information

Name(s) Relationship to Student

Address

Home Phone Cell Phone

Email Address

Child's Name Class/Grade Child's Name Class/Grade

Child's Name Class/Grade Child's Name Class/Grade

If you are unable to volunteer but would still like to be a PTO member, please check the box below.

Membership ONLY

OR

If you would be able to donate your time and help with activities or committees, please check the box below.

Volunteer

***All persons volunteering within the school or during school functions must complete and return the attached fingerprint request form. You will be contacted for fingerprinting.

The Days and Times (please check all that apply).

The School Day At School Weekday Evenings After School From Home Weekends

Have Questions?

Please call if we can be of any help or if you have any of your own ideas for getting involved.

Contact: Carrie Andrew (930-0270) or Julie Johns (464-0675)