



PTO Membership Form 2009/2010

Please complete and return to the office.

Last Name _____

Mother's/Guardian Name _____ Father's/Guardian Name _____

Home Phone# _____ Cell Phone # _____

E-mail Address _____

Yes No Please add my e-mail address to the PTO Mailing List

Student's Name _____ Grade _____ Teacher _____

Student's Name _____ Grade _____ Teacher _____

Student's Name _____ Grade _____ Teacher _____

I/we are interested in volunteering/participating in the following events:

- Spaghetti Dinner/Bingo Night
- Trick or Treat Street
- Santa Shop
- Snowflake Ball
- Spring Fling
- Teacher Appreciation Week