



The Stadium School PTO Membership Application



Membership Type

Guardian Membership Teacher / Staff Membership Community Membership

List Student(s) Name and Grade _____
(or Community Group)

Member Information

Guardian / Teacher / Community Rep.

Last Name: _____

First Name: _____

Address: _____

Apartment No.: _____

City: _____ Zip: _____

Phone Home: _____

Phone Cell: _____

e-mail: _____

I do not have an e-mail address.

Co-Guardian / Co-Community Rep.

Last Name: _____

First Name: _____

Address : _____
(If different than left)

Apartment No.: _____

City: _____ Zip: _____

Phone Home: _____

Phone Cell: _____

e-mail: _____

I do not have an e-mail address.

Dues for the year are \$25

I am interested in the following PTO Programs and Committees:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bylaws / Elections | <input type="checkbox"/> Facilities & Safety | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Library | <input type="checkbox"/> Charter School Status |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Communications / Newsletter |
| <input type="checkbox"/> Community | <input type="checkbox"/> Afterschool Activities / Sports Programs | <input type="checkbox"/> Curriculum / School Activities |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other _____ | |

Yes, I am interested in learning more about chairing a committee

Yes, I am interested in learning more about becoming a PTO Board Member

Does your student(s) have

Library card in their name Yes No

Computer access at home Yes No

Internet access at home Yes No