

Stanley Elementary School PTO Membership Form 2011-2012

Name(s): _____

Address: _____

Phone #: _____ Email: _____

Student: _____ Teacher/Grade: _____

Student: _____ Teacher/Grade: _____

Student: _____ Teacher/Grade: _____

I/We want to support our child's education by joining the PTO. My payment is enclosed (please make checks payable to the Stanley PTO).	
I/We would like to volunteer. Please contact us.	
I/We would like to receive notices by email.	
Membership	10.00*
Additional donation for programs/events	
Total Enclosed	

*Please contact the school principal or the PTO president (stanleypto@gmail.com) if you wish to join and would like to discuss alternative payment methods if this is not affordable for you.