

# Amite School Center

## PTL MEMBERSHIP FORM



Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Preferred communication method :  Phone  Text  E-mail

Student #1 : \_\_\_\_\_ Grade : \_\_\_\_\_

Student #2 : \_\_\_\_\_ Grade : \_\_\_\_\_

Student #3 : \_\_\_\_\_ Grade : \_\_\_\_\_

Student #4 : \_\_\_\_\_ Grade : \_\_\_\_\_

Please return completed form with \$25 membership fee no later than September 9, 2024. Return in a sealed envelope labeled "PTL Membership" to the office or your child's teacher.

### How are you interested in getting involved?

#### Let us get to know you,

Where are you and/or your spouse employed?

Are there any special talents/hobbies that you and/or your spouse have?

Are there any ideas or areas of interest that you would like to bring to the attention of the PTL?

#### Let us know what you are interested in volunteering for,

- |   |  |
|---|--|
| <input type="checkbox"/> School work day                  | <input type="checkbox"/> send snacks/drinks        |
| <input type="checkbox"/> Fall Fest booth organization     | <input type="checkbox"/> Teacher Appreciation week |
| <input type="checkbox"/> Fall Fest set up                 | <input type="checkbox"/> Field Day                 |
| <input type="checkbox"/> Fall Fest clean up               | <input type="checkbox"/> Book Fair                 |
| <input type="checkbox"/> work one hour shift at Fall Fest | <input type="checkbox"/> Field Trips               |
| <input type="checkbox"/> Classroom parties                | <input type="checkbox"/> Other                     |

Additional Skills, interest, & areas of expertise you would like to offer the PTL?



ARE YOU USUALLY ABLE TO ATTEND ONE PTL MEETING EACH MONTH?

Yes  No

THANK YOU