



2021 - 2022 *PTA*

Membership Form

Parent Name: _____

Phone/E-mail: _____

Student grade: ___ **Student Name:** _____

___ Parent ___ Friend ___ Staff/Teacher

Homeroom Teacher: _____

Membership dues (\$10.00) _____ Cash _____ Check

_____ PayPal to lindalepta@gmail.com



Receipt for PTA Membership Paid _____ (*Check here*)

Board member (Initials) _____

“Alone we can do so little, together we can do so much”

Please email: lindalepta@gmail.com with your child’s grade in the subject line.