

SHES PTO Membership Form

Last Name: _____

First Name: _____

Mailing Address: _____

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No. _____

Email Address: _____

Parent Faculty/Staff Other _____

Students at SHES

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Willing to volunteer in the following committees:

- | | |
|----------------------------------|------------------------------|
| _____ After School Mentoring | _____ Art & Music Program |
| _____ Back to School BBQ | _____ Book Fairs |
| _____ Box top Drive | _____ Carnival |
| _____ Educators Day | _____ Family Bingo Night |
| _____ Family Reading Night | _____ Family Science Night |
| _____ Family Skate Night | _____ Friday Fun Days |
| _____ Field Day | _____ Membership Drive |
| _____ Monthly Book Order Program | _____ Original Work of Arts |
| _____ Reading Counts Program | _____ Red Ribbon Celebration |
| _____ Santa Store | _____ Safety Patrol |
| _____ School Store | _____ School Pictures |
| _____ Teacher's Appreciation | _____ When Needed |

Membership Dues is \$5.00 per person.

Privileged information provided is for exclusively use by SHES PTO Executive Committee and will not be shared with others.