

Terrell ISD PTO MEMBERSHIP
Campus:_____

Please complete and submit this form with \$5 membership fee to your student's classroom teacher.

Parent/Guardian Name: _____

Address: _____

Home Phone:_____ Cell Phone_____

Work Phone:_____ Best time to call: _____

Email Address:_____

Student Name(s): _____

Grade:_____ Classroom Teacher: _____

Areas of Interest: please check all that apply:

- ☐ Fundraising
- ☐ Fun Day
- ☐ Teacher & Staff Appreciation
- ☐ Picture Day
- ☐ Book Fair
- ☐ Library Readers
- ☐ Not sure
- ☐ Volunteer where I am needed

1. All volunteers must submit to a background check and be registered with the campus office.
2. All money must be given to the student's teacher.