

Swansfield Elementary Parent Teacher Association (PTA)

I (we) would like to join the Swansfield PTA:

Parent/Guardian Name 1: _____

Parent/Guardian Name 2: _____

Address _____

Amount Enclosed: \$6.00 \$12.00 other _____

Annual dues are: \$6 per person, paid by cash or check (checks payable to "Swansfield PTA")

Student Name(s): _____

Student Grade(s): _____ Homeroom Teacher(s): _____

Best way to contact me (us) email telephone

Email address: _____ Phone: _____

I would like to be on the PTA email distribution list Yes No