

PURCHASE INFORMATION

Vendor Name: _____

Phone Number: _____

Vendors Address or Website: _____

Item #/ Description: _____

Quantity: _____

Price: _____ Delivery or Pick-up: _____



FOR BOARD USE ONLY

Date: _____

- Approved
- Not Approved

Check# _____ Amount: _____

Treasurer's Signature _____

Notes:



1987

2017

KINGS PARK SEPTA MEMBERSHIP

Are you overwhelmed?

Is your child struggling?

Kings Park **SEPTA** invites YOU to join us!



Join Hands in Supporting Our Children!

We are Kings Park Special Education Parent Teacher Association, and our mission is to help ALL students, families, and staff with a variety of workshops, speakers, and resources as well as provide social and recreational opportunities for the entire district.

Please complete the form below and place the tear-out in an envelope marked "SEPTA MEMBERSHIP," include cash or a check for **\$12.00** made payable to "Kings Park SEPTA", and return it to your child's school or mail to: KP SEPTA, 9 Heather Drive, Kings Park, NY 11754

Membership fees can also be paid through VENMO: @KingsPark-SEPTA

KINGS PARK SEPTA MEMBERSHIP for the 2022-2023 school year is \$12.00.

Parent's Name(s): _____

Address: _____

Home Phone: _____

E-mail Address: _____

Please print an e-mail address neatly; we do most of our communication via e-mail.

Child's/Children's Names: _____

Teacher/Homeroom/Grade: _____

School(s): Park View____ Fort Salonga____ RJO____ WTR/MS____ KP/HS____ Other____

I am a **parent**_____ (or) I am a **teacher/administrator/support staff**_____

Survey: Your ideas for workshops (ex. reading, homework help, behavior strategies, etc.) are...

For SEPTA use only: Membership #_____ Paid_____

*Lisa Camastro-Galea
President of Kings Park SEPTA*

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Website: Kingsparksepta.com

Facebook: [Kings Park SEPTA](#)