Setauket Elementary PTA Membership Form 2017-18

Please complete the information below and enclose a check for \$12 made out to "Setauket PTA." Your membership entitles you to a digital directory which will be emailed to you as long as you provide an email address. All other listing info is welcome but not required. (No listing information will be published for staff other than an email address.)

I,, would like a copy of the School Directory, and I give permission for the listing information below to be included			
information below to be included			
or			
I am joining PTA for the year but do	not wish to have any inform	ation published in the School Direct	ory.
(Please be sure t	to fill out your name and ema	ail address either way!)	
Parents/Guardian 1 - Name	Cell	Email	
Parents/Guardian 2 - Name	Cell	Email	
Home Phone:			
Address:			
mark here if you are a Staff Mo	ember		
Child's Full Name	Grade	Teacher	
1			
2			
3			
4			
5			
6-			

Please return form & check in an envelope marked "PTA Membership" to your child's teacher.

Thank you for supporting our children through PTA!