



2018/2019 SUNNYMEAD HOME AND SCHOOL ASSOCIATION MEMBERSHIP ENROLLMENT FORM

PLEASE FILL OUT THE FORM BELOW AND RETURN BY 9/28.

All returned checks will be subject to a \$15 processing fee. Questions may be directed to:
president@sunnymeadhsa.org

Please return this completed form along with \$10.00 cash or check payable to “Sunnymead HSA” in an envelope marked “HSA Membership”. Place envelope in your child’s ‘Take Home’ folder from their teacher.

Parent Information

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Phone Number _____

Email Address _____

Student Information

Student Name _____

Grade _____ Teacher _____

Student Name _____

Grade _____ Teacher _____