

Membership 2016-2017



We cannot do this without YOU!

Please join and help us achieve our goal of 100% membership participation.

Return to school in an envelope marked "CSS PTO MEMBERSHIP"

YES, we'd like to join CSS PTO for 2016-2017 and receive a copy of the Directory!

Enclosed is our **membership dues of \$25** (checks made out to CSS PTO), memo "Membership"

Student(s) Last Name: _____

First: _____ **Grade:** _____

First: _____ **Grade:** _____

First: _____ **Grade:** _____

Directory 2016-2017

All information provided here will be included in the directory, so fill out only what you want included.

PRINT CLEARLY PLEASE.

Last Name: _____

(student's last name used for alphabetical location in the directory)

Home Phone: _____

Street Address: _____

(if student lives at more than one home, please provide additional address and phone on the reverse)

Student Information

1. **First:** _____ **Grade:** _____

2. **First:** _____ **Grade:** _____

3. **First:** _____ **Grade:** _____

(Please list additional children on reverse)

Parent/Guardian Information

1. **First:** _____ **Last:** _____

Cell: _____ **Email:** _____

2. **First:** _____ **Last:** _____

Cell: _____ **Email:** _____

Personal information will only be used for PTO business and will not be shared with any other organization.

If you have any questions, please do not hesitate to contact Liv Van Dyke (PTO Co-President) at 781-806-5632 or livandcolin@gmail.com.