

Back to School Package Order Form

Student Information Required to process form:	
Student's Name _____	Teacher/Grade _____
Student's Name _____	Teacher/Grade _____
Student's Name _____	Teacher/Grade _____
Name of Parent(s)/Guardians: _____	
Address: (if more than one address please write on back) _____	

Phone Number: _____	Email _____

<p>Student Directory Information</p> <p>_____ YES, include my child in the Student Directory (above information will be printed unless otherwise specified)</p> <p>_____ No, Do not include my child in the Student Directory</p> <p>Parent Signature _____</p>

Check Here		Total
	PTA Membership (\$5 per member) Member Name #1 _____ Member Name #2 _____ Member Name #3 _____ Member Name #4 _____	\$
	Welcome Back Celebration Number of PTA Members _____ x \$5 Number of non-members _____ x \$8 Number of Children _____ x \$5 Children 4 and under _____ x free	\$
	Student Directory (free to all PTA Members) Number of Copies _____ x \$10	\$
Total Amount Enclosed		\$

Please complete the form above and return it with your child in an envelope marked PTA, no later than September 13. All checks should be made payable to the Shaker Road PTA*.

*\$25 charge for any returned checks.