

JOHN MILLS PTA MEMBERSHIP

2016-2017

\$7.00 per Member/\$12.00 per Family

Member Name #1 _____

Member Name #2 _____

Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

Child's Name: _____ Teacher: _____

Are you interested in being a room parent? _____ YES

(Deadline September 16, 2016)

John Mills PTA Email Address: johnmillsschoolpta@gmail.com

PTA Involvement Form

John Mills School

2016-2017

Parent Name: _____

Student Name: _____

Phone Number: _____ Best Time to Call: _____

Parent's Email Address: _____

Please select at least one item below. We count on the support from each and every family to make John Mills an effective school for your child.

I would like to volunteer for the following events for the Parent Teacher Organization:

SIX GRADE FAREWELL-----YES
SANTA'S WORKSHOP-----YES
BOOK FAIR-----YES
FAMILY EVENTS-----YES
ICE CREAM SOCIAL-----YES
BIRTHDAY BOOKS-----YES
PICTURE DAYS-----YES
TEACHER APPRECIATION-----YES
FUN RUN-----YES
BINGO NIGHT-----YES
HALLOWEEN FUN FAIR-----YES

Together we can make a difference for our students.

Thank You!

John Mills Staff and PTA