

SHERMAN PARENT TEACHER ORGANIZATION
FAMILY MEMBERSHIP FORM

IF YOU DO NOT WANT YOUR NAME IN THE DIRECTORY

PLEASE FILL IN YOUR "FAMILY NAME " ONLY.

FAMILY NAME: _____ (FOR MEMBERSHIP ONLY)

IF YOU FILL OUT INFORMATION BELOW THIS LINE YOU WILL BE INCLUDED IN OUR DIRECTORY.

FIRST NAME OF PARENT(S) _____

LAST NAME _____

ADDRESS _____

PHONE NUMBERS: PLEASE INCLUDE AREA CODES

HOME _____

MOTHER WORK _____

MOTHER CELL _____

FATHER WORK _____

FATHER CELL _____

EMAIL ADDRESS _____

CHILDREN NAMES

CLASS

PLEASE MAKE CHECK PAYABLE TO THE "SPTO"