

# INDEPENDENCE MIDDLE SCHOOL PTO



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## \*\*\*\*\*RETURN BY SEPTEMBER 30 TO IMS \*\*\*\*\*

IMS PTO would like to include ALL names in directory even if you do not join PTO.

\*\* You may return this form to IMS office in envelope marked IMS PTO with Exact cash or check payable to IMS PTO (join PTO & receive directory= \$6.00 for family)

\*\* Room snack fee on supply list is separate & will be requested in separate flyer.

I would like to join IMS PTO to help support the students, teachers and staff at IMS, to enable me to be notified of PTO events and activities, and to receive the PTO Directory for IMS.

(Circle one ) Yes            No

### Contact and names:

Parent/Guardian 1: \_\_\_\_\_ (full name) \_\_\_\_\_ (email)

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ (cell) or (home)

Parent/Guardian 2: \_\_\_\_\_ (full name) \_\_\_\_\_ (email)

If different: Address: \_\_\_\_\_ Tel: \_\_\_\_\_ (cell) or (home)

Child 1 at IMS: \_\_\_\_\_ (full name and grade)

Child 2 at IMS: \_\_\_\_\_ (full name and grade)

Child 3 at IMS: \_\_\_\_\_ (full name and grade)

### Please check one box:

\_\_\_\_\_ I authorize the above contact information to be published in the IMS PTO directory.

\_\_\_\_\_ I do not authorize the above contact information to be published in the IMS PTO directory

### INTEREST TO PARTICIPATE IN IMS PTO ACTIVITIES:

I am interested in:

\_\_\_\_\_ joining the PTO Board or being involved in a committee;

\_\_\_\_\_ being a room PARENT for \_\_\_\_\_ (name grade if more than one child at IMS) and/or

\_\_\_\_\_ VOLUNTEERING for activities when requested (Grandparents Day, special events, Book Sale, etc.)