



2024-2025

Membership Form

JANE EDWARDS ELEMENTARY



MEMBER INFORMATION

Name(s): _____

Phone Number: _____ Text Ok? Yes No

Email Address: _____

Students currently enrolled at Jane Edwards Elementary names:

Name: _____ Grade: _____ Parent? Yes No

Name: _____ Grade: _____ Parent? Yes No

Name: _____ Grade: _____ Parent? Yes No

Do you have CCSD background check approval to volunteer? Yes No

___ **Member** (\$5 per person)

*Cash or Check Accepted; checks payable to: *Jane Edwards PTO*

PARTICIPATION INTERESTS

Please indicate which volunteer opportunities you would like to be notified of. Keep in mind that this does not commit you to anything. You will simply be included in communication as it relates to the interest areas you select.

- ___ Volunteer at School ___ Membership Events ___ Phone Calls
- ___ Event Setup/Tear Down ___ Holiday Events ___ School Dances
- ___ Parent Engagement Events ___ Teacher Appreciation
- ___ Community Outreach ___ I am available for anything
- ___ Fundraiser Committee (4 available spots)

Are you able to commit to attending monthly PTO meetings? Yes No

Tell us about any special interests, skills, or expertise that may be helpful to the PTO team: _____

QUESTIONS? Please email: janeedwardspto@gmail.com

