



PTSO

Shades Valley High School
Jefferson County International Baccalaureate
Shades Valley Technical Academies

MEMBERSHIP REGISTRATION 2016 - 2017

Please Print Legibly

Student: _____ Grade: _____ Please Check:
 _____ SVHS
 _____ JCIB
 _____ SVTA

Student: _____ Grade: _____
 _____ SVTA

Parent(s): _____ Payment: _____ ___ Cash ___ Check

\$15.00 Individual/Family
\$5 Faculty/Staff

Parent(s) Signature: _____

Please complete the information below. Note: All information is confidential and will not be used without your permission.

Mailing Address: _____

Home Phone: _____

Parent(s) Cell Phone: _____

Parent(s) Work Phone: _____

Email Address _____

Please write legibly!

I would like to be involved with the PTSO. You may contact me to donate:

- Food for teacher breakfast and/or lunches
- Food or Senior breakfast
- Supplies for landscape projects
- Office Supplies
- Medical Supplies
- Other (specify)

I would like to volunteer for:

- Copying
- Senior breakfast
- Landscape projects
- Teacher breakfasts and/or lunches
- Special events
- Senior Breakfast

PTSO Executive Board
 Other (specify)

You may also use the PayPal Option by logging onto the link below:



https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=4FEMVX9S9LYUC