



Imagine Foundations PTO
2011-2012 Membership Enrollment Form
Cost per family: \$10.00

(Please return this form along with your payment)

A valid email address is needed. Most correspondence from the PTO will be via email.

Parent(s)/Guardian(s)

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Email Address: _____

Child's Name:

Grade: _____

Teacher _____

Child's Name: _____

Grade: _____ Teacher: _____

Child's Name: _____

Grade: _____ Teacher _____