



HIGHLAND ACADEMY PTSO

PARENT TEACHER STUDENT ORGANIZATION

2017 – 2018 Family Membership \$5.00
Staff/Teacher or Student Membership \$3.00

** 100% of dues and donations stay with PTSO to provide a free breakfast cart for all students to enjoy, events and activities for students and families, and rewards and recognition for students and teachers. **

Member(s) Name: _____

Address: _____

City: _____ Zip: _____

Home/Cell Phone(s): _____

E-Mail(s): _____

How would you prefer to be contacted? Mail: _____ E-Mail: _____ Phone: _____

** Sponsor your student's membership. Prize will be awarded to the Advisory with the highest percentage and number of student memberships. **

Student: _____ Grade: _____ Advisory: _____

Student: _____ Grade: _____ Advisory: _____

Please consider informing us of your skills, talents, and business connections, which may be helpful for upcoming events, activities, fundraising, and school business partnerships. _____

Total Enclosed: \$ _____

Return form with check (payable to HACS PTSO) or cash to the front desk.

PTSO USE ONLY

Cash or Check #: _____ Amount: \$ _____

Date Received: _____ Received By: _____

Email us at HACSPTSOGmail.com

Visit us on  at Highland Academy PTSO or our website at www.phoenixes.org