

Pedro Menendez High School
P.T.S.O. Membership Form

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ (Day) _____ (Evening) _____ (Cell)

Best Time to Contact You? _____ E-mail: _____

| Student Name | Homeroom Teacher | Grade Level |
|--------------|------------------|-------------|
| | | |
| | | |
| | | |

\$10.00 per Family member

Method of Payment: Cash Check No. _____

*This Form does not indicate any commitment for volunteering. All proceeds will benefit the school to further educational activities and events for all students!