



Sunlake Parent Teacher Student Association

Help Support Our Students & become a PTSA Member

Parent Name: _____ H/C Phone: _____

Parent Name: _____ H/C Phone _____

Emails: 1. _____

2. _____

We will communicate all PTSA meeting dates & events to this email address

Student Name: _____ Grade: 9 10 11 12

Student Name: _____ Grade: 9 10 11 12

Would you be interested in Volunteering at Events? _____

Would you be interested in joining our board? _____

Can we remind you via text about PTSA events/news? _____

Thank you for filing out the information. Please return form & payment/check payable to SLHS PTSA.

\$ 7.00 _____ Parent

\$ 5.00 _____ Student

Check# _____ Check Amount \$ _____

Cash Recv'd \$ _____

Card Given _____

Square _____