



Sunlake Parent Teacher Student Association

Help Support Our Students & become a PTSA Member

Teacher Name: _____ H/C Phone: _____

DOB: _____ (month & day)

Subject Area: _____ Room# _____

Emails: 1. _____ 2. _____

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

Would you like us to assist you with anything as it pertains to your classroom? ___Y or ___N

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.

\$ 5.00 _____ SLHS Teacher

Check# _____ Check Amount \$ _____

Cash Recv'd \$ _____

Card Given _____

Square _____