



**VALLEY VIEW  
PTO  
PRIMARY & INTERMEDIATE  
PTO Membership Form**



**PLEASE PRINT**

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Preferred Method of Contact (circle):    *Home Phone*    *Cell Phone*    *Text*    *Email*

Student's Name(s):

1. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

2. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

3. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

4. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

\*If more, just list on the backside

Do you have a preference for how you want to help or contribute to PTO this year?

\_\_\_\_\_

\_\_\_\_\_

Are there any ideas that you feel the PTO Board needs to consider?

\_\_\_\_\_

**THANK YOU!!!!**

*While we view ALL families (parents, grandparents, guardians) as contributors to the VVPTO, we are offering a chance to enroll in a membership for the 2017-2018 school year for \$1.00 to establish yourself in an ACTIVE role this year.*

*There will be opportunities to support the students and staff throughout the year, and we will make the attempt to contact active members for first offering.*

Paid \$1.00 ACTIVE MEMBERSHIP FEE? \_\_\_\_\_ Signed by Board Member: \_\_\_\_\_