

Show you believe in the potential of our children.

No time required.

COME JOIN PARKWAY SCHOOL PTA!

PTA Membership Form (please print)

Name(s) _____

Phone # _____

Email Address _____



Children @ Parkway School

Name

Grade & Teacher

Number of Adults Joining (\$7.00/person) _____

Amount Enclosed \$ _____

Please make checks out to Parkway School PTA
Return in an envelope labeled Parkway PTA - membership
Membership cards will be emailed
Help us reach our goal of 100% family involvement

Thank you for your support!



For internal use only

Cash _____ Check # _____



Parkway School PTA Local Unit #021189 of the NJ Congress of Parents & Teachers

Any question email: Parkway.pta@yahoo.com