

Crawford Caribou

PTO Membership Form

PLEASE PRINT

Parent /Guardian Name(s) _____ Date _____

Are you new to Crawford? Yes _____ No _____ Are you new to Eielson? Yes _____ No _____

Street Address _____

City State Zip _____, _____, _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address (es) _____ / _____

Contact preference: (1-5) Email ____ Mail (if available) ____ Home Phone ____ Cell Phone ____ Work Phone ____

If Cell Phone selected, do you prefer text _____ or no text _____

Student's Name _____ Student's Grade ____ Student's Teacher _____

Student's Name _____ Student's Grade ____ Student's Teacher _____

Student's Name _____ Student's Grade ____ Student's Teacher _____

(Please list additional students on the back of this form)

Just keep me informed _____ or, I'm interested in helping _____. (If interested in helping, please fill out attached survey.)

Please return to the school office along with the \$10 membership fee. Make checks payable to Crawford PTO.