



2018-2019 PTA/PTSA President's Information

Caddo District PTA, Northeast Council, West Central Council

New **Returning**

Name of School: _____

School Address: _____

City/Zip: _____

Principal's Name: _____

President's Name: _____

Personal Address: _____

City/Zip: _____

Primary Phone: _____ **Cell** _____ **Home** _____ **Work** _____
(Please indicate type of phone as this will help us communicate better with you)

Secondary Phone: _____ **Cell** _____ **Home** _____ **Work** _____
(Please indicate type of phone as this will help us communicate better with you)

Personal E-mail Address: _____

Please fill in the requested information and mail or scan & email it to me. We need this information as soon as possible, so you can begin receiving Caddo District PTA information in a timely manner.

Tori W. Parrott, President
Caddo District PTA

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