Marathon School District PTSA
ENROLLMENT FORM
2019/2020

YOUR NAME: ____________________________________________

ADDRESS_______________________________________________

(TOWN)_______________________, NY (ZIP) ______________

PHONE: ___________________________

EMAIL__________________________________________

If you can help with any of the following please check:

___ Santa’s Secret Shop ____________________________

___ Donations of Baked Goods etc. ____________________

___ Concession table at Play or other __________________

___ Fundraising/Race for Ed __________________________

___ Newsletter _________________________________________

___ Teacher Appreciation Week _________________________

___ Attend Monthly Meetings (1hr) ______________________

___ Ticket Booth-Maple Fest ____________________________

___ Discovery Center-Maple Fest _________________________

___ Info booth at Open House’s _________________________

___ Bulletin Boards ____________________________________

___ Box Top collection/submission ______________________

___ 6th Grade Graduation _____________________________

___ Other ____________________________________________

How can PTSA help you?
(Check any areas that match your concerns and also please write down any specific ideas/suggestion that you might have for programs that we can bring to our PTSA meetings.)

___ Parent Programs ____________________________________

___ Discipline _________________________________________

___ Homework _________________________________________

___ Reading __________________________________________

___ Writing __________________________________________

___ Support Groups ___________________________________

___ Special Needs _____________________________________

___ Other ____________________________________________

Any Questions: Email us: MarathonPTSA@Gmail.com

Send my PTSA card to: Student __________________________

Teacher ___________________ Grade __________

A donation of $4.00 for National PTA annual dues for members.