



ECHS PTSO ENROLLMENT FORM

Join our T.E.A.M. because Together Everyone Achieves More!

Mother's Name _____

Mother's Email _____

Father's Name _____

Father's Email _____

Address _____

City, St. Zip _____

Student's Name _____

Student's Name _____

Mother's Cell Phone _____

Father's Cell Phone _____

Home Phone _____

Freshman Sophomore Junior Senior

Freshman Sophomore Junior Senior

I/We are interested in participating in the following ways (check all that apply)

Attend Monthly Meetings Becoming a Grade Parent Volunteering Time Prefer to just donate financially

Volunteer Coordinator Becoming a PTSO Officer Helping with fundraising Proctoring for Exams



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