

2011-2012 Carroll Middle School

Student Directory & PTSO Membership

PLEASE PRINT CLEARLY. ONLY PROVIDE DATA THAT YOU WISH TO BE PUBLISHED.

*Students will be listed as directed on this form.

Your student's information will only be listed in the directory if this form is returned to CMS PTSO

CMS Student's name(s) _____	Grade/Dragon Den Teacher _____
_____	Grade/Dragon Den Teacher _____
Parent's name(s) _____	
Address _____	City _____ Zip _____
Home Phone () _____	Cell () _____
Student's phone _____	
Parent's E-mail Address _____	
Parent's name(s) (if different from above) _____	
Address _____	City _____ Zip _____
Home Phone () _____	Cell () _____
Parent's E-mail Address _____	

_____ I would like to receive school related e-mails at the e-mail address(s) listed above

_____ **DO NOT** publish my student's name or information in this directory.

Parent Signature _____ Date _____

Your signature verifies that the information you provided is correct.

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Please enclose the correct amount. Make checks payable to: **CMS PTSO.**

_____ PTSO Membership includes (1) Directory \$15.00

_____ Additional directories \$7.00 each

_____ Total amount enclosed

PTSO Only

Cash _____

Check# _____

To ensure your students information will be included in the 2011-2012 student directory and your directory order placed, this form must be received by CMS PTSO no later than Friday, September 2, 2011

Membership questions: Pam Broadway (817)488-6446

Directory questions: Pug Landrum (817) 424-8437