

# 2006-2007 CHS/CSHS PTSO MEMBERSHIP & STUDENT DIRECTORY

The cost of membership in the PTSO is \$20 and **includes one** directory.

**PLEASE PRINT CLEARLY. COMPLETE ONLY ONE FORM PER FAMILY.  
ONLY PROVIDE DATA THAT YOU WISH TO BE PUBLISHED  
CHS/CSHS STUDENTS ONLY**

Please fill in	Last Name	First Name	Grade	Child's Phone <small>If different</small>
Student's Name				
Student's Name				
Student's Name				

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

←

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

←

Family/parent e-mail \_\_\_\_\_

(Please check if you would like to receive periodic emails on school/community related events )



Check to indicate primary residence for student.

**ALL students will be listed in the directory UNLESS you request that they be omitted. Students will be listed exactly as written on this form or from school data. Please indicate below if you DO NOT want your student included or if there's some part of the info above that you do not want included.**

**DO NOT PUBLISH MY STUDENT'S ADDRESS AND PHONE NUMBER**

Please enclose the correct amount. Make checks payable to : **CHS/CSHS PTSO**

PTSO Membership includes (1) Directory (\$ 20 ) \_\_\_\_\_

Additional Directories (# of Directories X \$5) = \_\_\_\_\_

TOTAL Amount Enclosed \_\_\_\_\_

**Deadline for returning forms and check is Friday, September 15th.**

**Please return to CHS or CSHS front office or in 1st day packet.**

Membership questions: Jan Boland (817-442-9992) or Janice Barnhart (817-329-1744)  
Directory Questions: Catherine Singley (817-251-6994) or Daphne Shipowitz (817-748-2111)