

First Initial of Student's last name

PTO Use Only

# 2008-2009 RES PTO MEMBERSHIP & STUDENT DIRECTORY

To join Rockenbaugh PTO, please fill out the following information:  
PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	GRADE	TEACHER

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: (optional) \_\_\_\_\_

Is this the student's primary residence? Yes/No – Only primary residence information will be printed.

Mother's name: \_\_\_\_\_

Address(if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: (optional) \_\_\_\_\_

Is this the student's primary residence? Yes/No – Only primary residence information will be printed.

Family Email: \_\_\_\_\_

Note: School related information will be sent to all email addresses listed above unless otherwise requested

***All students will be listed in the directory unless otherwise requested. All information will be listed as submitted. If you wish to be omitted from the directory, please fill out below:***

\_\_\_\_\_ **DO NOT PUBLISHED MY INFORMATION IN THE DIRECTORY**

**PLEASE ENCLOSE THE CORRECT AMOUNT – CHECKS MADE PAYABLE TO ROCKENBAUGH PTO**

\_\_\_\_\_ PTO Membership including one (1) directory - \$15

\_\_\_\_\_ Additional directories @ \$5 each

\_\_\_\_\_ Total enclosed

**DEADLINE FOR SUBMISSION IS FRIDAY, SEPTEMBER 12<sup>TH</sup>, 2008.  
FORMS RECEIVED AFTER THIS DATE WILL NOT BE PUBLISHED IN THE DIRECTORY.**

**Questions: Contact Alissa Malloy at 817-421-0605 or Lori Norwood at 817-424-1230**