

Burr Elementary School 2011-2012 PTA Directory Form

This form should be signed and returned to school

- | | |
|---|--|
| <input type="checkbox"/> No changes need to be made | <input type="checkbox"/> I have included my PTA Membership Check |
| <input type="checkbox"/> I made changes | <input type="checkbox"/> I will NOT be returning to Burr in the Fall |
| <input type="checkbox"/> I have signed the form | |
| <input type="checkbox"/> I ordered extra directory copies | |

Please sign here for authorization to publish in ALL FUTURE Directories in the Fairfield school system. You can opt out any time.

Signature: _____ Date: _____

Student's First Name	Nickname/Name Commonly Used	Last Name	Male/ Female	Grade Fall 2011

INFORMATION AS YOU WOULD LIKE IT TO BE PUBLISHED IN THE DIRECTORY:

Mother's Name: <i>(First & Last)</i>		Note here if you DO NOT want published*
Father's Name: <i>(First & Last, if different)</i>		
Address:		
Home Phone:		
Mother's E-Mail:		
Father's E-Mail:		
ONE Cell number:	<i>(circle one: mom's cell / dad's cell / other _____)</i>	

* If you **DO NOT** want your phone number and/or e-mail published in the directory, may this information be shared with:

- | | |
|---|------------------------------|
| Buzz at Burr (Weekly E-Mail Newsletter) | <input type="checkbox"/> Yes |
| Class Room Parent Phone and Email List: (For holiday parties & class news) | <input type="checkbox"/> Yes |

PRE-ORDER ADDITIONAL DIRECTORY COPIES

I would like to PRE-ORDER _____ additional Burr Elementary School Directory(s) at the cost of \$5.00 per copy (Make check payable to Burr Elementary School PTA and enclose it with form. Please include your PTA membership dues with your order)

PTA MEMBERSHIP SIGN-UP

I would like to help support the extra activities for the Library, classrooms, students, teachers and parents by becoming a member of the PTA for 2011-2012

- YES....SIGN ME UP, MY CHECK for \$13.00 IS ENCLOSED!**
- I would like more information before doing so...Please have someone call me. Check here, if you would like your information provided to both the CT and National PTAs, so that you can receive via e-mail, information regarding special services, resources and exclusive benefits your membership provides, otherwise we will not forward this information.

*In the event of financial need, PTA membership fees may be waived. Please contact the PTA President. Membership cards will be distributed for the 2011-2012 school year as they become available.

OFFICE USE ONLY:	NEW FAMILY		
ADDITIONAL COPIES:	_____ RECEIVED	CHECK ENCLOSED # _____	\$ _____
PTA MEMBERSHIP DUES:	_____ RECEIVED	CHECK ENCLOSED # _____	\$ _____