

JT5-6 PTN (Parent Teacher Network)

2025/2026 Membership Form

Please complete this form by November 25th and send it in with your student in an envelope marked PTN.

Parent/Guardian Name(s) & Phone(s) Email(s):

*Note: Membership information solely used for communicating PTN business and will not be shared.

Payment Amount \$_____ \$10 per family
_____ cash/check _____ Venmo @jt5-6ptn

Student Name(s), Grade(s), & HR Teacher(s):

Would you like to volunteer your time to help out throughout the year? (check one)

* List of events listed on our school PTN web page and FB page

Yes_____ No_____ Maybe_____

If Yes, please list the event(s) you are interested in:

**I am sorry I would love to volunteer but have too many commitments,
please accept my one-time PTN donation. (check one)**

\$25_____ \$50_____ \$75_____ \$100_____ Other_____

Stay Informed!!!!

- Join our Facebook Page....**Jackson Township 5-6 School PTN.**
- Check out the JT5-6 Webpage and look for the **Parent Teacher Network** section.
- Or email us at jt56ptn@jacksonsd.org.