**JMHS PTSN (Parent Teacher Student Network)**

 **2024/2025 Membership Form**

Please complete this form by November 21st and drop off to the PTSN mailbox in the FINE ARTS office in an envelope marked **JMHS PTSN,** or mail to JMHS PTSN, 101 Don Connor Blvd., Jackson, NJ 08527.

Membership supports student scholarships, student of the month recognition, and faculty. Please make all checks payable to “JMHS PTSN”,venmo @jmhs-ptsn, or pay through PayPal jmhsptsn@jacksonsd.org. Thank you!!

**Parent Name(s) & Phone(s) Email(s):**

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

Payment Amount $\_\_\_\_\_\_\_

\_\_\_\_\_\_cash/check \_\_\_\_\_ PayPal JMHSPTSN@jacksonsd.org

 \_\_\_\_\_\_venmo@JMHS-PTSN $10 per family.

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

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**Would you like to volunteer your time to help out throughout the year?**

**(check one)** \* List of events listed on our school PTSN webpage and FB page

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maybe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

$25\_\_\_\_\_\_\_\_\_\_ $50\_\_\_\_\_\_\_\_\_\_\_ $75\_\_\_\_\_\_\_\_\_ $100\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stay Informed!!!!**

* Join our Facebook Page…**.JMHS PTSN.**
* **Join Remind code @jmhspt**
* Check out the Memorial Webpage and look for the **Parent Teacher Student Network** section.