

JMHS PTSN (Parent Teacher Student Network) 2019-20 Membership Form

Please complete this form by September 28th and drop off to the PTSN mailbox in the FINE ARTS office in an envelope marked **JMHS PTSN Membership supports student scholarships and faculty.**

Please make all checks payable to “**JMHS PTSN**” Thank you!!

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

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

Payment Amount \$_____cash/check
\$10 per family

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 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.**
- Check out the Memorial Webpage and look for the **Parent Teacher Student Network** section.