



**Shades Valley High School
Jefferson County International Baccalaureate
Shades Valley Technical Academies**

... A community of excellence in education

MEMBERSHIP REGISTRATION

Please Print Legibly

Student: _____ Grade: _____

- Please check:
 SVHS
 JCIB
 SVTA

Student: _____ Grade: _____

Parent(s): _____ Payment: _____

Cash Check #

- \$15.00 Individual/Family
- \$5 Faculty/Staff
- \$5 SV/JCIB Alumni

I would like to become a member of the PTSO for 2008-09.
Membership includes an E-copy of the PTSO directory.

Parent Signature: _____

Please complete the information below and indicate whether or not you would like it included in the PTSO directory. *Note: All information is considered confidential and will not be used without your permission.*

Include information in the PTSO directory: Yes No

Mailing Address: _____ Home Phone: _____
 _____ Parent(s) Cell Phone: _____
 _____ Parent(s) Work Phone: _____

Email Address(es) _____
 (Parents) _____

Please write legibly!

The PTSO newsletter and directory will be sent electronically to all members who provide a valid email address.
 It will also be available at www.shadesvalley.com/ptso.

I would like to be involved with the PTSO. You may contact me to donate:

- Food for teacher breakfast and/or lunches
- Food for Senior breakfast
- Supplies for landscape projects
- Office supplies
- Medical supplies
- Other (specify)

I would like to volunteer for:

- Copying
- Senior breakfast
- Landscape projects
- Teacher breakfasts and/or lunches
- Special events
- PTSO Executive Board**
- Other (specify)