

OAK GROVE PRIMARY SCHOOL PTO

Please PRINT clearly.

Parents' names _____

Address _____

Phone Number _____ Cell Number _____

Email Address _____

Do you wish to be contacted via email about PTO meetings? Yes ___ No ___

Student Name _____

Nickname _____

Student Grade _____

Teacher _____

Student Name _____

Nickname _____

Student Grade _____

Teacher _____

Student Name _____

Nickname _____

Student Grade _____

Teacher _____

Please indicate the best time you are available to volunteer.

_____ Before School

_____ During School

_____ After School

TEACHERS & STAFF

Grade or Faculty Position _____

Assistant Teacher Yes ___ No ___

If yes, to which teacher? _____

[(PTO use only) ___ paid]