



**Parent Teacher Organization**  
**Chickamauga Elementary School**  
 210 Crescent Avenue  
 Chickamauga, GA 30707 (706) 382-3100

**PTO MEMBERSHIP FORM**

The purpose of the PTO is to bring into closer relation the home and the school so that parents, teachers, school administrators and the community may cooperate mutually in the education of our children. Our primary goal is to promote educational awareness in the home, and to provide those resources to the school that are not provided or not provided sufficiently for in the school budget and are deemed necessary or desirable by the staff for the support and education of the children.

Membership in the PTO is available to any individual without regard to race, color, creed or national origin. Each year, at the beginning of school, the PTO conducts an enrollment drive for members. Members may include parents, grandparents or any relative or friend of a student attending Chickamauga Elementary School. Each member of the PTO pays annual dues in the amount of \$5.00 and is considered to be in good standing. Members in good standing are encouraged to participate in all business meetings and to serve in any of the PTO's elective or appointive positions.

The success of PTO depends on you.

[PLEASE PRINT]

**PTO MEMBER(S) NAME:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAKE CHECKS PAYABLE TO: CES PTO** \_\_\_\_\_ **X \$5.00 = \$** \_\_\_\_\_

(# of members)

**RELEASE OF INFORMATION CONSENT**

By signing this form, I agree to give the Chickamauga Elementary PTO permission to release my personal contact information to other CES staff and personnel. This information may also be released to other Chickamauga Elementary School parents such as Room Parents and PTO members.

**I give permission to the CES Administration, PTO and other school personnel and volunteers to:**

[PLEASE INITIAL]

- ◆ Contact me via telephone and email \_\_\_\_\_.
- ◆ Leave messages on my answering machine and cellular voicemail \_\_\_\_\_.

**The information that may be released is as follows:**

[PLEASE PRINT]

PTO MEMBER / CONTACT NAME: \_\_\_\_\_

CHILD'S HOMEROOM TEACHER: \_\_\_\_\_

HOME NUMBER(s): \_\_\_\_\_ CELL NUMBERS(s): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PTO MEMBER / CONTACT SIGNATURE: \_\_\_\_\_