

ANDREW JACKSON ACADEMY

PARENT TEACHER ORGANIZATION MEMBERSHIP APPLICATION

PARENT INFORMATION

What is your preferred method of contact? Phone Text Email AM PM

Name:

Address:

City:

State:

Zip:

Phone:

Email:

STUDENT INFORMATION

Name:

Grade/Teacher:

Name:

Grade/Teacher:

Name:

Grade/Teacher:

Name:

Grade/Teacher:

Name:

Grade/Teacher:

Name:

Grade/Teacher:

QUESTIONS / COMMENTS

Do you have any questions, comments, or ideas you would like share?

VOLUNTEER

Are there any activities you would like to help with?