



**JWood Jags PTO**  
***Join JWood Raw Elementary Parent Teacher Organization***

JWood Jags PTO, a vital part of the school community, brings together parents, teachers, administrators, and students. The JWood Jags PTO will focus on growing and connecting the JWood Raw Community providing support to students, teachers, and administrators. In addition, the JWood Jags PTO will host various fundraising opportunities to raise funds that will go directly back to our students.

Please complete the information below and return it to the school office with your membership fee in a sealed envelope. Please label the envelope “Attention: JWood Jag PTO” or bring it to any PTO meeting. Membership fees can be paid with check or cash.

If you would prefer to donate to the PTOs in lieu of volunteering and/or supporting our fundraisers we would welcome your support! Please note that all donations are tax deductible!

---

***Membership Fee*** **\$20**

Yes, I \_\_\_\_\_ (Parent/Guardian Name) would like to join the JWood Jags PTO.

No, I am unable to join the JWood Jags PTO at this time but would like to include a *Too Many Hats Donation* in the amount of \$\_\_\_\_\_.

*Please complete the information below if you would like to be a member of the PTO:*

<b>Child(rens) Name:</b>	<b>Child(rens) Grade:</b>	<b>Child(rens) Teacher:</b>

Parent/Guardian Phone Number: \_\_\_\_\_(Mobile)\_\_\_\_\_ (Home)

Parent/Guardian Email Address: \_\_\_\_\_

Your email address will enable you to receive important information and reminders.

Email addresses will only be used for PTO business and will not be shared with any other organization.

Parent/Guardian Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Mailing Address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

***For School Staff Only:***

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Membership Fee Paid:  (Yes)  (No) Payment Type:  (Check)  (Cash)

Processed:  (Yes)  (No) Date: \_\_\_\_\_

**Please return your membership form so that we can update our membership database.**

***“Volunteers are the heart of the PTO”***