



Get **Involved**

& help your child **Succeed!**

SCVTHS PTO MEMBERSHIP 2022-2023

Dear Parents, Guardians, and Staff of SCVTHS,

We'd like to take a moment to invite you to join our incredible PTO. Our PTO group is welcoming and friendly. We are your neighbors, we are your school community, and we share many of the same objectives you do. Our combined support for a common goal can be achieved by working together. That goal is providing the best support to our children and teaching staff that will enhance their school experiences at SCVTHS.

Currently, we are recruiting to fill all the other necessary Executive board positions as well as committees in order to reach that goal. Volunteering doesn't mean a huge time commitment - an hour or two a semester makes a big difference. We have opportunities to fit your time schedule and interests. We even have tasks that don't involve coming to the school at all! Most of all, joining us really will make a difference! We welcome your helping hands!

Your \$10.00 individual member joining fee would be much appreciated as all monies raised by our PTO go right back to students and school activities. Every dollar counts!

Thank you in advance for this consideration to assist in any manner you and your family can. We look forward to receiving your application below and taking part in this new opportunity to bring our children the additional support from the SCVTHS PTO!

Sincerely,

SCVTHS PTO Executive Board

Please fill out the form below and return with your **\$10.00 (per individual member)**
Dues/Donation to:

SCVTHS PTO
 14 Vogt Drive
 PO Box 6350
 Bridgewater, NJ 08807

Make check payable to: **SCVTHS PTO**
 (Membership forms without payment are considered invalid)

Note: Your membership donation **DOES NOT** obligate you to attend PTO meetings or to volunteer. It is a donation to the SCVTHS Parent Teacher's Organization, a 501(c)3 non-profit and is tax-deductible to the extent allowed by law. To find out more, please visit the For Parents page at www.scvths.org; PTO.

PARENT/GUARDIAN NAME (Last, First): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT/GUARDIAN NAME (Last, First): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

STUDENT NAME (Last, First): _____

Grade: _____ Full-Time: _____ Shared-Time: _____ Program: _____

STUDENT NAME (Last, First): _____

Grade: _____ Full-Time: _____ Shared-Time: _____ Program: _____

Membership Dues (per individual)	Additional Donation	Total Amount Enclosed	THANK YOU! Check Number
\$10.00	\$	\$	

Thank you for supporting the SCVTHS PTO!

❖ **Payment Information for PTO use only**

Date received: _____ Dollar Amount: _____
 Received by: _____ Date of Membership Email Sent: _____
 Membership Database Entered Information-By/Date: _____

