



MONROE HIGH SCHOOL PTSO MEMBERSHIP FORM

Parent/Guardian Name: _____

Phone Number: _____ **Home/Cell (circle one)**

Email Address: _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Membership is \$5.00/ parent, guardian or teacher
Checks can be made out to: Monroe High PTSO

Please check the box if you would like to be contacted about volunteer opportunities.