

# LAKOTA WEST PTSO MEMBERSHIP FORM

Welcome to Lakota West High School. Your involvement is vital part of the success of our school. Thank you for your commitment to our students, staff, district and our community.

The membership fee of **\$15.00** includes one copy of the school directory. You may purchase additional copies of the directory for \$5.00 each.

Students Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail address \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Please make checks payable to:  
**LAKOTA WEST PTSO**

Form may be dropped off in the school office or mailed to:

Lakota West High School  
Attn: Membership  
8940 Union Centre Blvd  
West Chester, OH 45069

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If you **DO NOT** want to be listed in the School Directory,  
please sign below.

In signing below, you are stating that you do not want to be included in the directory. Please complete and return this portion of the form **by Friday, September 8<sup>th</sup> 2006** to the school address listed above. The directory includes: student, parent(s), address and phone number.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date \_\_\_\_\_

