Austin Parent Teacher Fellowship

Student Directory & APTF Membership Form

Please fill out this form, and return it with your registration materials.

A.P.T.F. sponsors publication of a school directory annually, and copies are distributed to A.P.T.F. members only. Join A.P.T.F. today to get your directory!

_____**Yes! I am a proud supporter of Strickland School, and would like to join the A.P.T. F. for the 2010-2011 school year.**

Enclosed are my $10 dues _____check (made payable to "APTF") or _____ cash
Drop the form at the Strickland Office or
Mail to Strickland APTF at (P.O. Box 151841 Austin, Texas 78715-1841)
Please call 512-981-7770 to use a credit card to charge your dues_____
(Please note that dues are $10.00 per family)

Parent's name: _____

_____**Yes, I would like my student(s) included in the 2010-2011 Strickland School directory.**

Please fill out only the information you would like included in the directory.

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Street Address: _____

Home Phone: _____ City: _____ Zip code: _____

Mother's name: _____ Father's name: _____

Mother's cell #: _____ Father's cell #: _____

Mother's work #: _____ Father's work #: _____

Mother's email: _____ Father's email: _____

_____**No, we do not wish to be listed in the directory.**

Parent's name _____

Student' name(s) _____

Parent signature _____ Date_____

For Office Use Only: Ck # _____ Ck Date _____ Cash _____ C/C_____