

PARENT / TEACHER FELLOWSHIP

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Website: wogacademy.org

2013-2014 PTF Membership Form

Parent/Guardian/Teacher Nat	me(s)					
Name of Student(s) and their	grades:					
1				_ Grade		
2				_ Grade		
3				Grade		
4						
Address:						
Street:				XA7 1.1	1.1	. 1 .
City/Zip:				Would you like to be in the School Directory?		
Place of Employment:Email:				YES	or	NO
Home Phone: Cell Phone:						
'he best way to contact you regarding PTF information? Circle One. Home Phone Email Cell Phone Text Mes			One. Text Messa	ıge		
Please check the following eve	ent(s) in which	you wish to particip	oate:			
Book Fair FallTea with MomBook Fair SpringDesserts with DadGrandparent's DayFood BoothLunch VolunteerVeteran's DayWF Chocolate SalesThanksgiving FeastRoom ParentBoo Hoo BreakfastBirthday CommitteeTeacher TreatsPrayer TeamLibrary Volunteer Please list any event(s) from above in which you would possibly			Administration Day Auction Teacher Appreciation Family Fun Night Kindergarten Celebration Box Top Collection Fundraising Committee			
Please indicate if you would w If YES, please describe your ca						
		PTF USE ONLY				
Parent/Guardian: \$20 Teacher: \$15			Date: Check	I1	nitials: Cash:	