

# Austin Parent Teacher Fellowship

## Student Directory & APTF Membership Form

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

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APTF sponsors publication of a school directory annually. Copies are distributed to APTF members only.  
Join today to get your directory!

\_\_\_\_\_ **Yes! I am a proud supporter and would like to join the Strickland APTF for the 2015 school year.**

Enclosed are my \$10 dues (per family) \_\_\_check (payable to "APTF") or \_\_\_ cash

Please call 512-733-3388 to use a credit card.

\_\_\_\_\_ **Yes, I would like my student(s) included in the 2015-2016 Strickland School directory.**

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

Student's name: (Last, First) \_\_\_\_\_ Grade for Fall 2015: \_\_\_\_\_

Student's name: (Last, First) \_\_\_\_\_ Grade for Fall 2015: \_\_\_\_\_

Student's name: (Last, First) \_\_\_\_\_ Grade for Fall 2015: \_\_\_\_\_

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) \_\_\_\_\_

**Strickland School APTF – P.O. Box 151841 – Austin, TX 78715-1841**  
**[www.StricklandSchool-APTF.org](http://www.StricklandSchool-APTF.org)**

**For Office Use Only:** Ck # \_\_\_\_\_ Ck Date \_\_\_\_\_ Cash \_\_\_\_\_ C/C \_\_\_\_\_