

Austin Parent Teacher Fellowship

Student Directory & APTF Membership Form

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

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

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