

**Washington Math Science Technology
Public Charter High School**

Parent-Teacher-Student Association Registration Form

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:		
Parent/Guardian Name:		
Address:		City/Zip:
Cell:	Home Phone:	Email:

STUDENT INFORMATION

Student Name:		Grade:
Student Name:		Grade:
Address:		City/Zip:
Cell:	Home Phone:	Email:

TEACHER INFORMATION

Teacher Name:		
Title:		
Address:		City/Zip:
Cell:	Home Phone:	Email:

PLEASE CHECK THE COMMITTEES YOU WOULD LIKE TO JOIN

Fundraising	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>
Community Relations	<input type="checkbox"/>	Education	<input type="checkbox"/>
Safety	<input type="checkbox"/>	Health/Welfare	<input type="checkbox"/>
Communication	<input type="checkbox"/>	Recognition	<input type="checkbox"/>

Comments: