

STANHOPE SCHOOL
HSA MEMBERSHIP FORM
2019-2020

Parent's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

List all children in grades Pre-K thru 8th grade (if you need more room use the back page)

Child's Name	Grade Level	Homeroom Teacher's Name
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_____	_____	_____
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_____	_____	_____
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**Please remit \$5 membership fee with this form
(Check or cash - check made payable to Stanhope HSA)**

_____ Yes I would like to be included in the Stanhope School Family Directory
(By checking this box you agree to be included in the directory that will be distributed among the families who also wish to be included in the directory)

_____ Yes I would like to help out the HSA this year in whatever capacity I am available for.
(The HSA uses Sign-up Genius to send out sign ups for volunteers, this is the method that you will be contacted thru)

I am available in the following ways: (check all that might apply)

___ daytime ___ evening ___ donating items ___ baking ___ weekends

***** PLEASE FILL OUT AND SEND BACK INTO SCHOOL ASAP *****