

STANHOPE SCHOOL
HSA MEMBERSHIP FORM
2019-2020

Valley Road Staff Person's Name: _____

Email Address: _____

Do you have children who attend VRS? If so, please list below (use back if more than 2)

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 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 *****