



RIVER DELL PTO MEMBERSHIP FORM

Join the River Dell PTO for the 2015-2016 school year by submitting this form with payment of **\$15.00 per family**. As a thank you, you will receive the Middle School Directory at Back-to-School Night (Middle School families only).

If you have children in the Middle and High Schools, please list them all below. Remember your FAMILY becomes a member of the RD PTO and there is only one membership required and one payment of \$15.00!

To be included in the Middle School Directory, you must return this two-part form along with a \$15.00 check payable to "River Dell PTO" by June 30, 2015. Forms and payments should be mailed to: River Dell PTO, c/o River Dell Middle School, 230 Woodland Avenue, River Edge, NJ 07661.

FAMILY NAME _____

Child's Name & Grade (Sept. 2015) _____

Child's Name & Grade (Sept. 2015) _____

Address _____ Town _____

E-mail _____ Phone Number _____

Volunteer to Help? YES _____ NO _____ CHECK # _____ CASH AMT. _____

RIVER DELL PTO MIDDLE SCHOOL DIRECTORY

The River Dell PTO is planning for the publication of the 2015-2016 Middle School Directory. Your participation is strictly voluntary and your family's information will *only* be printed with your permission. Only families that join the PTO will be included in and receive a copy of the directory (see membership form above). Since the RD High School does not publish a directory this will be a valuable resource for years to come. Thank you for your participation.

Please print all information below as you would like it to appear in the directory of Middle School students.

LAST NAME YOU WISH TO BE LISTED UNDER _____

MS STUDENT FIRST NAME _____ GRADE (SEPT. 2015) _____

MS STUDENT FIRST NAME _____ GRADE (SEPT. 2015) _____

STREET ADDRESS _____

TOWN _____ HOME PHONE NUMBER _____

PARENT/GUARDIAN FULL NAME _____

PARENT/GUARDIAN FULL NAME _____

YOU MUST CHECK ONE:

I give permission for the above information to be included in the River Dell Middle School directory.

I DO NOT WISH TO BE INCLUDED IN THE DIRECTORY.

Parent/Guardian Signature (required) _____ Date ____/____/2015

PLEASE RETURN FORM TO RIVER DELL MIDDLE SCHOOL BY June 30, 2015. THANK YOU!