

# LAKE HOWELL PTSA WANTS PARENTS AND STUDENTS!

The PTSA would like to take this opportunity to welcome all of you to the **2011-2012** school year at Lake Howell High School. The purpose of the PTSA is to support the faculty, staff, parents, and most especially our students at Lake Howell High School. The PTSA is one of the strongest voices in the educational process that directly supports our children and school. Your PTSA dues also make it possible for the state PTA and national PTA to advocate for children's education in Tallahassee and Washington, DC.

In order to be successful, we know that the support and involvement of the parents of our students, the faculty and staff at Lake Howell High School, as well as the business leaders in our community will be of utmost importance. Your first opportunity to show your support will be to become a member of the Lake Howell High School PTSA. We encourage each of you – Parents and Students and Grandparents - to show your commitment by joining.

The second way to show your support will be to participate in the events and programs that are sponsored by PTSA and/or Lake Howell High School. Whatever level of participation you select, your time and involvement is greatly appreciated. By providing us with your e-mail address, we will keep you advised of opportunities to help, but don't worry, we won't inundate your inbox with e-mails!

All of us on the PTSA committee know it will take all of us working together to ensure that this year is the best yet. We look forward to working with you this year. Thank you in advance for your support!

Lake Howell High School PTSA

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## LHHS PTSA MEMBERSHIP FORM (Please write legibly)

**(MAKE CHECKS PAYABLE TO LHHS PTSA...RETURN FORM TO 7<sup>TH</sup> HOUR TEACHER OR ADMIN. OFFICE)**

**MEMBERSHIP IS \$5.00 PER MEMBERSHIP**

**AMOUNT**

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ \$ \_\_\_\_\_

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ \$ \_\_\_\_\_

Student name: \_\_\_\_\_ Grade \_\_\_\_\_ \$ \_\_\_\_\_

Member name (parent/g.parent): \_\_\_\_\_ \$ \_\_\_\_\_

Member name (parent/g.parent): \_\_\_\_\_ \$ \_\_\_\_\_

DONATION TO LHHS PTSA \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

E-Mail address: \_\_\_\_\_ (for information updates)

Circle below if you are interested in helping with or would like more information on:

Serve on PTSA Board

Staff Appreciation Events

Assist with Blood Drive

Any area needing help