

**TEMPLE OHEV SHOLOM RELIGIOUS SCHOOL  
PTO FAMILY INFORMATION (2020-21)**

**Parent(s)/Guardian(s):**

P/G 1

P/G 2

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Child(ren):**

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please consider being a room parent for your student.** This is a wonderful opportunity to be involved with their education. We will provide information on how to obtain required state and federal background checks before you can begin.

\_\_\_\_\_ Yes, I would like to volunteer to be a room parent. I would prefer to be the room parent for \_\_\_\_\_ grade (if you have more than one student enrolled).

\_\_\_\_\_ No, I am unable to volunteer, but please feel free to call me to help.

\_\_\_\_\_ No, I am unable to volunteer or help.

**I/We are making a \$5.00 donation to support the PTO:** Yes \_\_\_ No \_\_\_