



PARENT TEACHER ORGANIZATION (PTO)

All parents in Temple ISD are encouraged to participate in the PTO at your child's school.

PARENTS/GUARDIAN(S) NAME: _____

CELL PHONE #: _____

EMAIL: _____

STUDENT NAME(S)	GRADE LEVEL	TEACHER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COME JOIN THE FUN
AND MAKE A DIFFERENCE**

Please return this form to your child/children(s) school secretary. THANK YOU!