

Voluntary Annual Dues are **\$5 per family** and covers all schools

I am a Parent _____ Teacher _____ Administrator _____

Renewal _____ New Member _____ Do you wish to receive a BOW PTO decal? Y / N

Name _____

E-Mail Address _____
(please print clearly - for PTO use only)

Amount enclosed _____

Student's Name _____

Homeroom Teacher & Grade _____
for decal distribution

Please make checks payable to **BOW PTO**. The top of this form and payment may be sent with your child to their homeroom teacher. The envelope should be addressed to **BOW PTO**.

Thank you for your continued support of our schools!!