





## 2024 - 2025 Franklin Academy Boynton Beach Campus PTO Membership Application

SELECT ONE:	Parent	Guardian _	Grandparent			
Full Name:			_	Phone #:	_	
E-mail:			_	Occupation:		
Child's Name: Grade:		_ Grade:	Homeroom Teacher:			
Child's Name:	<del> </del>	_ Grade:	_	Homeroom Teacher:	_	
Best form of contact: (check one):		Email	Text _	Phone Call		
		y Boynton Beach	•	Email list.		
MEMBERSHIP:  □ I want to join the □ I want to purchas	Franklin Acaden se a PTO Spirit T	ny PTO for \$10.			Totalin W	
Youth size: (check one)	Small	Medium	Large	X-Large		
Adult size: (check one)	Small	Medium	Large	X-Large (add \$2)		
-	XX-Large	(add \$4)				
<ul><li>I wish to sponsor</li><li>I want to add an</li></ul>				for a teacher/staff membersh	ip of \$5.	
Additional Member Inform	nation:Pa	rent/Guardian	Grandpa	rent		
Full Name:			Phone	#:		
E-mail:						
PAYMENT:	YMENT:			Total PTO Membership: \$		
	s can be made p	ayable to Franklin	Academy PT	The QR Code for Payment O – Can be turned in at school Attn: F -academy.org)	ABB PTO	
			-	nklin-academy.org		
		d on:		Received by:		