





2023 - 2024 Franklin Academy Boynton Beach Campus PTO Membership Application

SELECT ONE:F	ParentGuardian	Grandpa	rent
Full Name:		Ph	none #:
E-mail:		Oc	ccupation:
Child's Name:	Grade:	Но	omeroom Teacher:
Child's Name:	Grade:	Ho	omeroom Teacher:
Best form of contact: (check of	one):Email	Text	Phone Call
☐ Yes! E-mail me a rec	klin Academy Boynton Beach eipt for the below payment fo	r tax purposes.	il list.
I want to join Franklin	nklin Academy PTO for \$10. Academy Boynton Beach Ca D Member or Franklin Acader		the PTO Bundle (Membership,
Adult size: (check one)	X-SmallSmall XX-Large (add \$4 to bun		LargeX-Large
☐ I wish to sponsor the☐ I want to add another			for a teacher membership of \$5.
Additional Member Information	n:Parent/Guardian _	Grandparent	
Full Name:		Phone #:	
E-mail:			
PAYMENT:		Total PTO Membership: \$	
*Pay Online at www.fabbpto *Checks or Money Orders car (Download and complete this	n be made payable to Frankli	n Academy PTO – 0 to-bb@franklin-acad	Can be turned in at school Attn: FABB PTO demy.org)
PTO Use Only:			