

# Davie County High School PTSO

## A Collective Voice

### Working Together for Educational Excellence in the 21st Century

President  
Ale O'Brien

Vice President

VP for Students

Secretary  
Elizabeth Bustle

Treasurer  
Nancy Miller

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June 1, 2011

Dear Parents and Students,

On behalf of the Davie High School PTSO Executive Board, I want to welcome you. You may have noticed our new name. Membership voted in May to become a PTSO. We feel that this new organization will better serve our school community. It is an exciting time! These are some of the things the PTSO hopes to accomplish this year:

- ACADEMIC INCENTIVES AND MERIT RECOGNITIONS
- ACADEMIC SUPPORT such as purchasing items for the classroom as needed
- CONSTITUTION DAY CELEBRATION
- SCHOLARSHIP to be awarded to a member of the Senior Class
- STAFF APPRECIATION EVENTS

To join the PTSO, please fill out the enclosed PTSO Membership Form and submit your dues. Dues are \$7 for each adult and \$4 for each student. Please remember to return your form.

I also hope you will take the time to attend our PTSO meetings to be held four times this year. We plan to offer programs and presentations that will benefit you.

Working together we can support our school, staff and students and make a difference. I promise you our board will work hard for you and serve you well. We appreciate your support.

Sincerely,

Ale O'Brien

DCHS PTSO President and the Executive Board for 2011-2012

**DCHS PTSO MEMBERSHIP REGISTRATION 2011-2012**

**1 ADULT MEMBERSHIP is \$7.00    1 STUDENT MEMBERSHIP is \$4.00    All dues stay local.**

**PLEASE PRINT THE FOLLOWING INFORMATION FOR EACH MEMBER:**

**NAME** \_\_\_\_\_ **P**  
**Address** \_\_\_\_\_ **Town/ZIP** \_\_\_\_\_ **L**  
**Email address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_ **E**  
**Circle: Parent/Guardian                      Student** \_\_\_\_ **Grade** \_\_\_\_\_ **DCHS Staff** **A**

**S**

**ADDITIONAL MEMBERS AT SAME ADDRESS:** **E**

**NAME** \_\_\_\_\_  
**Email address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_ **R**  
**Circle: Parent/Guardian                      Student** \_\_\_\_ **Grade** \_\_\_\_\_ **DCHS Staff** **E**

**T**

**NAME** \_\_\_\_\_ **U**  
**Email address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_ **R**  
**Circle: Parent/Guardian                      Student** \_\_\_\_ **Grade** \_\_\_\_\_ **DCHS Staff** **N**

**F**

**NAME** \_\_\_\_\_ **F**  
**Email address** \_\_\_\_\_ **Home Phone No.** \_\_\_\_\_ **O**  
**Circle: Parent/Guardian                      Student** \_\_\_\_ **Grade** \_\_\_\_\_ **DCHS Staff** **R**

**M**

We could use your help. If you would like to volunteer, please fill in your name(s) and circle the area(s) of interest. For questions about volunteering go to [www.dchsptsso.org](http://www.dchsptsso.org) or email Ale O'Brien at [president@dchsptsso.org](mailto:president@dchsptsso.org).

**NAME(S)** \_\_\_\_\_

**Academic Support/Recognition    Fundraising/Grants    Membership**

**Public Relations    Scholarship    Staff Appreciation**

Help us with our Painless Fundraising by supplying your MVP and VIC grocery card numbers so we can link them to the PTSO and earn money.

**MVP #**    \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_    **12 digits, including small #'s**

**VIC #**    \_ - \_ \_ \_ \_ \_ \_ \_ \_ \_ \_    **11 digits**

**\*\*\*ADD THE TOTAL MEMBERSHIP FEES TO YOUR OTHER FEES WHEN YOU MAKE YOUR PAYMENT. \*\*\***

**\*\*\*RETURN THIS FORM WITH YOUR PAYMENT.\*\*\***

Membership Amount \$ \_\_\_\_\_    Cash or Check # \_\_\_\_\_    Date: \_\_\_\_\_  
Receipt # \_\_\_\_\_    By: \_\_\_\_\_