

# Katzenbach Parent/Staff Organization

**2011-2012 DUES ARE ONLY \$5.00 PER-FAMILY  
MAIL IN YOUR REGISTRATION TODAY!**

PLEASE NOTE: THE K.P.S.O. MEMBERSHIP YEAR IS FROM SEPTEMBER THROUGH AUGUST.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Voice: \_\_\_\_\_ TTY: \_\_\_\_\_

Video Replay \_\_\_\_\_ E-mail: \_\_\_\_\_

*Important! Please check the following:*

My phone number can be given to KPSO committee members. YES \_\_\_\_\_ NO \_\_\_\_\_

You may list my name and number in the directory. YES \_\_\_\_\_ NO \_\_\_\_\_

Check those which apply:

\_\_\_ Fundraising

\_\_\_ Library

\_\_\_ Decorating

\_\_\_ Alumni Information

\_\_\_ Newsletter

\_\_\_ I volunteer to help in my child's building.

Would you be interested in serving on any of the following committee?

Fund Raising

Alumni Information

Membership

Programs and Publicity

Newsletter

Room Persons

I volunteer to be a room parent for my child's class.

PLEASE MAKE YOUR CHECK/MONEY ORDER PAYABLE TO K.P.S.O. AND SEND TO:

K.P.S.O.  
Katzenbach School for the Deaf  
PO Box 535  
Trenton, N.J. 08625-0535

Dues	\$5.00
Contribution	+ _____
Total	\$ _____