

September 2013

Dear Families-

Welcome to the 2013-2014 school year! We hope you enjoyed a terrific summer.

The Lancaster PTO would like to re-introduce ourselves and invite you to join us as we support our local school and the educational experiences of all our students.

Who is the PTO?

The PTO is a team of parents and teachers working to achieve the following:

- Raise funds to support unique educational and learning experiences for our children
- Help build engagement, increase parent awareness and demonstrate support for our schools
- Design fun and creative programs aimed at bringing our community together

Please join us

We invite you to take part in our organization. Whether you have time to support one program or choose to take a more regular active role on our team, your participation is appreciated and valued. Together we share a commitment to our school and creating special experiences for our children.

Attached to this letter are our PTO membership forms. We ask that you please fill out these forms and return by <u>Friday</u>, <u>September 27</u>. By completing this information, you are simply making a commitment to support our organization in a way that works for you.

PTO Meeting Schedule

In response to parent and teacher feedback, we will hold our meetings on the second Wednesday of each month. Please join us on <u>Wednesday</u>, <u>September 18</u>, <u>at 6:30PM</u> for the first meeting of the school year.

Like the "Lancaster PTO" on Facebook

Please "like" our page on Facebook. There we will keep you up-to-date on upcoming PTO events and other helpful school information.

Thank you for your consideration and here is to a wonderful school year!

Sincerely, The Lancaster PTO



2013 – 2014 Membership Form

Name:					
Address:					
Phone Numbers:	Home #:				
	Cell #:				
E-Mail Address:					
(Please pr	int clearly. Include any ca	apital lettering,	, numbers, s	symbols, etc.)	
Would you like to volu	unteer? Yes No				
	(If yes, pleas	e fill out volunt	teer and CO	RI forms.)	
Annual membership f	ee: \$10.00 - Please mak	ke checks pay	able to Land	aster PTO.	
	Donation	s Accepted a	nd Appreci	ated	
visits, books for stude donations are tax ded	ey is directly used to sunts, and more. The PTuctible (Tax ID #04-300) or write a check to the P	O is a non-pro 31122). You	ofit 501(c)(3 may make	 organization, so a credit card donate 	all monetary tion online at
the important work of amount is acceptable	ny families are unable to our organization with a and appreciated. We so child through our combeter PTO.	tax deductible suggest a don	e donation. ation of \$50	Please know that per child, as our	any donation goal for the year is to
	If making a donation, ple	ease note the	amount here	\$	
	Thank you for your he	lp in supportin	g the studer	nts and teachers!	
PTO Use Only					
Member Fee \$	Donation \$		Date Rec		
Check#	Cash \$	Total \$		Initials:	
Notes:					



Volunteer Form

We invite to you to take part in any of the events listed below. With your help, we can successfully run fun and rewarding events for our children. If you can dedicate your time to one or more events this school year, it will make a difference as we work to deliver quality programs for our children.

Name:	Phone #:
Email Address: _	
	(Please print clearly. If necessary, include capital letters, symbols, etc.)

If you are interested in helping out, please check your events of interest listed below:

Event	Description of Volunteer Opportunity	Timeframe	Check Interested	if
Book Fair	Work at one book fair in the fall and/or one in the spring. Help students select books, work the cash register during the school day, or at night.	Nov. & Feb.		
Box Tops for Education	Collect, sort and mail box tops	Ongoing		
Cultural Enrichment	Identify and plan events to enrich education and compliment classroom curricula.	Ongoing		
Daddy Daughter Dance	Organize, set up, and/or run special dance for dads and daughters	March-May		
Lip Sync	Organize, run practices and/or help the night of the big show	FebMarch		
Literacy Night	Organize activities and/or volunteer at evening event	JanMarch		
Mother Son Event	Organize, set up, and/or work a fun, memorable event for moms and sons	March-May		
MREading	Set up the program, volunteer weekly as a classroom volunteer, and/or volunteer at awards ceremonies	Ongoing		
Restaurant/Dine Out Nights	Schedule and promote restaurant fundraisers with local establishments	Ongoing		
Spell-a-thon	Plan activities, post words around town, and/or volunteer as point person for grade/class	SeptNov.		
Staff Appreciation	Help coordinate May event to celebrate the work of our teachers	MarMay		

Please send in completed CORI form (if you plan on volunteering with the PTO) along with a copy of your driver's license. Please note we are unable to accept the district CORI checks. All organizations MUST complete their own CORI checks.

If you have any questions about any of our events listed, please don't hesitate to contact us:

PTOboard@LancasterPTO.net



Lancaster Parent Teacher Organization (PTO)

CRIMINAL OFFENDER RECORD INFORMTION (CORI) ACKNOWLEDGEMENT FORM

The **Lancaster Parent Teacher Organization (PTO)** is registered under the provisions of M.G.L.c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified volunteers.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal Information to the DCJIS. I hereby acknowledge and provide permission to the **Lancaster Parent Teacher Organization (PTO)** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Lancaster **Parent Teacher Organization (PTO)** written notice of my intent to withdraw consent to a CORI check.

The Lancaster Parent Teacher Organization (PTO) may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Lancaster Parent Teacher Organization (PTO) must first provide me a written notice of this check.

By signing, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

Applicant Signature	Date Signed		
Please Note: A copy of your licen	nse <u>must</u> be returned with this form. T	<mark>Thank you.</mark>	
LAST NAME	FIRST NAME	MIDDLE NAME	
MAIDEN NAME OR ALIAS (I	f Applicable) PLACI	E OF BIRTH	
DATE OF BIRTH M or SEX	<u>F</u> ftin HEIGHT	WEIGHT EYE COLOR	
LAST 6 DIGITS OF YOUR SO	CIAL SECURITY NUMBER: XXX		
MOTHER'S FULL MAIDEN N	NAME FATHI	ER'S FULL NAME	
CURRENT ADDRESS:			
FORMER ADDRESS:			
DRIVER'S LICENSE NUMBE	RSTAT	TE OF ISSUE	
	For PTO use only, please do no	ot complete	
	rified by reviewing the following form mReceived	n of government issued photographic	
	CORIREQUESTEDBY:		
PTOCORI LANMA12-0327	Liz Leonard, CO	PRI Administrator for the PTO	