## KOMS P.F.O. MEMBERSHIP FORM \& DIRECTORY LISTING FORM

Please include the $\mathbf{\$ 1 0 . 0 0}$ membership fee to join the KOMS P.F.O. and to receive the directory and calendar (Checks made payable to KOMS P.F.O.)

## PARENT/GUARDIAN INFORMATION:

First Name(s): $\qquad$ Last Name(s): $\qquad$ *
*Please include all parents' names if you wish them to be listed in the directory.
Phone Number for Directory: $\qquad$
Address: $\qquad$ Zip: $\qquad$
E-Mail Address(s): $\qquad$

## STUDENT INFORMATION: *

First Name $\qquad$ Last Name: $\qquad$ Grade: $\qquad$ Home Room: $\qquad$
First Name: $\qquad$ Last Name: $\qquad$ Grade: $\qquad$ Home Room: $\qquad$
First Name: $\qquad$ Last Name: $\qquad$ Grade: $\qquad$ Home Room: $\qquad$
*Please note: unless requested your information will be printed in the Directory.
Check no below if you wish to be excluded from the Directory.
No, I would NOT like the above information to be printed in the KOMS Directory.
Calendars will be sent home with your child. Directories will be sent electronically via the e-mail that is provided.
Only families who are P.F.O. members will receive the Calendar and Directory.

## PFO COMMITTEE SIGN-UP SLIP

YES! I want to volunteer my time and talents for the following committees or activities at the KOMS!
(Please select all activities or committees of interest)

Chaperone
$\qquad$ $6^{\text {th }}$ Grade Social Chaperone
Fundraisers
Ice Cream Social
$\qquad$ Call me for other PFO events as needed
$\qquad$ Book Fair
$\qquad$ KO Clothing Sale
$\qquad$ $8^{\text {th }}$ Grade Activities

Dance Decorating Committee
$\qquad$ Co-Council Representative
$\qquad$
Sarris Candy
$\qquad$ Box Tops

Name: $\qquad$ Phone Number: $\qquad$
E-Mail Address: $\qquad$
(Above contact will be used to communicate important KOMS information throughout the school year from the P.F.O.)

