

# Corpus Christi—Holy Rosary School PTO

135 South Regent Street, Port Chester, NY (914)937-4407 FAX (914)937-6904

ccsptos@aol.com



## PTO Information Form

**\*\*Please fill out and return to the office\*\***

### PLEASE PRINT

Parent /Guardian Name(s) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Student(s) Name (First & Last) \_\_\_\_\_ Students Grade \_\_\_\_\_

Student(s) Name (First & Last) \_\_\_\_\_ Students Grade \_\_\_\_\_

Student(s) Name (First & Last) \_\_\_\_\_ Students Grade \_\_\_\_\_

Student(s) Name (First & Last) \_\_\_\_\_ Students Grade \_\_\_\_\_

