# little ACADEMY

## LITTLE S.T.E.M. P.T.O.

## **Objectives**

Advocate for our children.

Facilitate communication between parents and teachers.

Support the teachers and administrative staff.

Create and support fundraising opportunities.

Facilitate teacher and administration appreciation events.

## **Members**

Parents of Little S.T.E.M. students One teacher

#### Rules

- Parents should be in good financial standing with LSA.
- Parents should commit to monthly meetings.
- Parents should participate in a minimum of 2 events per year.
- Parents should have a clear background.

### **Officers**

President Vice President Secretary Treasurer



# LITTLE S.T.E.M. P.T.O.

Parent's Name:	
Names of Child/Children:	
Cell Phone:	
Emergency Phone:	
Email Address:	
Area of Interests	
Fundraising	
Event Planning	
Teacher/classroom support	
Other (Please list)	
ا,, understand that p	participation in the
Little STEM PTO is voluntary. I agree to pa	
Parent's Name	 Date