



**PARENT TEACHER ASSOCIATION  
MEMBERSHIP FORM**

**SECRETARIAT**

**Email:** arimacentralsecondarypta@gmail.com

**ACSS PTA**  
Securing Our Future Together

**SCHOOL**

**ANNUAL MEMBERSHIP FEE \$120.00 TT**

PRIMARY: \_\_\_\_\_

School Year: \_\_\_\_\_

Date Registered: \_\_\_\_\_

**STUDENT'S NAME**

SURNAME: \_\_\_\_\_

FIRST: \_\_\_\_\_

Age: \_\_\_\_\_

Sex ( ) M ( ) F

Mobile: \_\_\_\_\_

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

Hobbies/Interests:

**( ) MOTHER ( ) GUARDIAN**

SURNAME: \_\_\_\_\_

FIRST: \_\_\_\_\_

Mobile (s): \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Industry: \_\_\_\_\_

Skill: \_\_\_\_\_



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**Committee willing to serve on**

- |                                    |  |  |                                  |
|------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Public Relations      | <input type="checkbox"/> Land and Building | <input type="checkbox"/> Welfare |
| <input type="checkbox"/> Education | <input type="checkbox"/> Solution Centre       | <input type="checkbox"/> Training          |                                  |
| <input type="checkbox"/> Events    | <input type="checkbox"/> Sports and Recreation |  |                                  |

**FATHER**       **GUARDIAN**

SURNAME: \_\_\_\_\_

FIRST: \_\_\_\_\_

Mobile (s): \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Industry: \_\_\_\_\_

Skill: \_\_\_\_\_

**Committee willing to serve on**

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| <input type="checkbox"/> Education | <input type="checkbox"/> Solution Centre       | <input type="checkbox"/> Training          |                                  |
| <input type="checkbox"/> Events    | <input type="checkbox"/> Sports and Recreation |  |                                  |

Signature of Parent/Guardian: \_\_\_\_\_

Signature of PTA Executive Member: \_\_\_\_\_