

**DISCOVERY HIGH SCHOOL PARENTS' ASSOCIATION
MEMBERSHIP FORM**

PARENT NAME: _____

ADDRESS: _____

TELEPHONE (HOME): _____ CELL: _____

EMAIL: _____

STUDENT NAME: _____

STUDENT GRADE: _____

LANGUAGE SPOKEN: _____

SKILLS / INTERESTS: _____

OTHER CHILDREN: YES _____ NO _____ AGES: _____

DO YOU NEED CHILD CARE? YES _____ NO _____

DUES \$3.00 PER CHANCELLOR'S REGULATIONS

COMMENTS: _____

