



LPEP Membership Registration Form

First Name

Last Name

Email Address

Phone Number

Street Address

City

State

Zip Code

Child's Name & Grade

Child's Name & Grade

Child's Name & Grade

Child's Name & Grade

I am interested in volunteering:

Y

N

I would like my information listed in the LPEP directory:

Y

N

I am a first-time LPEP member:

Y

N

Due \$10 per member:

No. of Members

Total Due:

Dues may be paid using cash or a check (made payable to Lancer Parent-Educator Partnership) and sent to school with your child in a sealed envelope labeled with your name, your child's room number, and LPEP.

* If registering more than one member per form, please add their name and contact information on the back. *