

**LONGWOOD SPECIAL EDUCATION**



info@longwood-septa.org

everychild.onevoice.®

www.longwood-septa.org

Longwood Special Education PTA P.O. Box 324 Middle Island, New York 11953

**Special Education PTA (SEPTA) Membership Form**

To become a member of the Longwood SEPTA, please fill out the information below. Please note that all information is held in the strictest of confidence and will not be shared with anyone. Membership forms can be turned in at monthly SEPTA meetings (check our website for more details – [www.longwood-septa.org](http://www.longwood-septa.org)) or completed forms with payment can be sent in with your child to school to the attention of Longwood SEPTA.

**Membership Dues - \$10 per adult/\$5 each additional Adult member for the year (kids are FREE with paid adult).**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Additional Family Members (\$5 each add'l member) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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**For Parents/Caregivers/Families:**

Child(ren)'s Name, School & Teacher \_\_\_\_\_

Does your child(ren) have an IEP or any other type of accommodation? Y or N

Child(ren)'s Diagnosis \_\_\_\_\_

*\*This information will only be used in helping to determine what types of programs need to be developed & also to update our resource list.*

May we email you about programs and other issues regarding SEPTA? Y or N

May we use photos of your child(ren) taken at social events or programs? Y or N

Would you be interested in becoming a liaison between your school and SEPTA? Y or N

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**For Administration, Teachers, Specialists and Paraprofessionals:**

What position(s) do you hold in Longwood Schools? \_\_\_\_\_

What school are you located in? \_\_\_\_\_

Would you be interested in becoming a liaison between your school and SEPTA? Y or N

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Signature \_\_\_\_\_ Date \_\_\_\_\_

(For SEPTA Membership use)

\_\_\_\_\_ Cash \_\_\_\_\_ Check (Ck # \_\_\_\_\_) Date Rec'd \_\_\_\_\_