



# CORAL SPRINGS HIGH SCHOOL PTSO



The Coral Springs High School School Parent Teacher Student Organization is the fund raising and volunteer organization for Coral Springs High Schools. The main goal of the PTSO will be to organize fund raising events throughout the school year in order to purchase needed items for our school as well as to volunteer time to ensure that we meet the goals of the PTSO.

All funds received for membership fees, as well as profits made throughout the year will go directly into the general account of the Coral Springs High School's PTSO and will be used for the sole purpose of providing items for the school.

Please complete the application and enclose cash or a check in the amount of \$20.00 for membership made payable to CSHS PTSO. **Please note:** We are offering membership and a Colt Mom tee for ONLY \$30.00. Return the completed application and your payment in an envelope marked PTSO to the front office or mail to

**ATTN: PTSO**

Coral Springs High School  
7201 W. Sample Road  
Coral Springs, FL. 33065.

Before completing the application, please make sure you have read all of the pertinent information regarding the mission and values of Coral Springs High School's PTSO. By completing and returning this application, you are stating that you have read, understood and agree with the parameters of our PTSO.

More information can be found on our school's website: [coralspringshighschool@browardschools.com](mailto:coralspringshighschool@browardschools.com)  
[www.cshsptso.org](http://www.cshsptso.org)



# CORAL SPRINGS HIGH SCHOOL

## Parent, Teacher, & Student Organization (PTSO)

### Application

Please Print Clearly			
<b>Where you a member last year?</b> <i>Please circle one</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you a Coral Springs High School Employee?</b> <i>Please select one</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Mother's Name:</b>	<b>Home Phone:</b>		
<b>Mother's Email:</b>	<b>Cell Phone:</b>		
<b>Father's Name:</b>	<b>Home Phone:</b>		
<b>Father's Email</b>	<b>Cell Phone:</b>		
<b>STUDENT INFORMATION: Please list the student(s) attending Coral Springs High School, ID#s, Grade Level(s) and Email(s)</b>			
Name	Student ID	Grade	Email
<b>What Days of the Week and Times Would You be Able to Volunteer for PTSO functions?</b>			
	<b>Morning</b> 7:00am -12:00pm	<b>Afternoon</b> 12:00pm- 5:00pm	<b>Evening</b> 5:00pm-9:00pm
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			
<b>Please list any fund –raising ideas that you may have:</b>			
<b>Are you interested in holding an official PTSO Positions?</b> <i>Please select one</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
<b>Amount Paid: _____ Cash _____ Check # _____</b>			

**\*\*RETURN Check fees may apply\*\***