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_____ State _____ ZIP ____

Signature of student

Signature of parent/legal guardian (necessary if child is under 18 years)

TO BE COMPLETED BY LOCAL PTA Check one:

PTA

PTSA Local eight-digit PTA ID: 0 2 3 5 7 6 7 0

Local chair name Heather Bruck Official PTA/PTSA name Sage Hills Elementary PTA

PTA address 3033 Swainson Ave City Saratoga Springs State UT ZIP 84045

E-mail heather.bruck@gmail.com Phone (801)753-9931

E-mail

Local PTA good standing status: Membership dues paid date 9/25/12 Bylaws Expire Date 6/01/15 Council Name Westlake

*Complete Local Box before Copying

City

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