



The Cerritos High School Parent Teacher Student Association (PTSA) supports Cerritos High School (CHS) through parent involvement, staff appreciation, **scholarships to Seniors (must be a member to apply)**, and an annual gift selected by our members. PTSA has donated:

- **3- D Printer**
- **Student Agendas (every year)**
- **Emergency items (canopies, water barrels, tarps, food)**
- **Electronic marquee (partnered with CHS ASB )**
- **Student scholarship(s) (every year)**

PTSA membership is \$10/student/teacher or \$20/person and is open to **parents, grandparents, legal guardians and anyone else who wishes to support our school**. Checks should be made out to Cerritos High School PTSA. PTSA meetings are held on the **first Wednesday of the month in the school library at 6:30PM**.

We welcome your support, by joining the PTSA, donating or volunteering for events. Significant gifts will be permanently recognized on our **WALL OF SUPPORT** with additional benefits listed below. Thank you,  
**PTSA Board**

## CHS PTSA ANNUAL WALL OF SUPPORT

<b>Platinum</b>	\$500 & over Gold benefits + annual pass for two people to all CHS athletic events and school performances
<b>Gold</b>	\$300 - \$499 Silver benefits + three PTSA memberships
<b>Silver</b>	\$200 - \$299 Bronze benefits + two PTSA memberships
<b>Bronze</b>	\$100 - \$199 Name on plaque in school office, PTSA website, recognition in the school newsletter + one PTSA membership

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**Thank you for supporting Cerritos High School PTSA!**



**Please return completed form to PTSA table or school office along with your payment.**

When PTSA gets involved, children benefit. When you get involved with PTSA, the child who benefits most is your own.

Prefix \_\_\_\_\_  
Dr. Miss. Mr. Mrs. Ms. First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Suffix (Jr. Sr. II) \_\_\_\_\_

Address \_\_\_\_\_ Apt/suite/unit \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
This is  Home address  Business address

Primary phone number \_\_\_\_\_ Ext. \_\_\_\_\_  
This phone number is for  My home  My workplace  Mobile

E-mail address: \_\_\_\_\_

Additional members:	Student/Teacher	Parent/Adult
Name: _____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Name: _____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Name: _____	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20

- Membership \$20** (parent/adult)
- Membership \$10** (student/teacher)

**WALL OF SUPPORT**

- Bronze \$100 - \$199**
- Silver \$200 - \$299**
- Gold \$300 - \$499**
- Platinum \$500 & over**
- Donation only** \_\_\_\_\_

Amount: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Class of: 2018 2019 2020 2021 Parent/Teacher/Student/Admin.