

Application for CHS PTSA student representative

Printed Name _____

Phone _____ Non-FCPS email _____

I am applying for _____ Freshman _____ Sophomore _____ Junior
_____ Senior

I have a CHS PTSA membership. YES / NO

I am able to attend most meetings on the third Thursday of the month. YES / NO

I am happy to assist the CHS PTSA with various events. YES / NO

I am applying to be a CHS PTSA class representative because _____

Student Signature

Parent Signature

Please place in the CHS PTSA box in the main office.

Please contact president@chantillyhsptsa.org with any questions.

Thank you for applying to be a class representative.