Enroll in National PTA School of Excellence Program

* denotes required fields

*This is a SAMPLE Enrollment Form. Only applications submitted online at PTA.org/Excellence by the due date will be considered for this program cycle. If you have any questions, please contact Excellence@PTA.org.

I am a (select one):
- PTA Officer
- PTA Board Member
- PTA Volunteer with support from PTA Board and School Partner
- School Administrator
- Educator
- Other (Please specify)

PTA Information

Official PTA/PTSA Name: *

**Please enter your 8-digit National PTA ID #. If your ID number is not 8 digits, please enter "0s" for empty spaces at the front of your ID number. For example: 45897 would be entered as 00045897. If you do not know your National PTA ID#, please check our PTA Local Unit Lookup tool or contact us at 1-800-307-4782.

PTA City: *

State: *
Select a State

Zip: *

Program Contact Information

First Name: *

Last Name: *
Title (PTA President, PTA Board Member, PTA Program Chair, Other): *

Address 1 (where a banner would be sent if designated): *

Address 2: *

City: *

State: *
Select a State

Zip: *

Phone: *

Email Address: *

School Information

School Name: *

Principal's First Name: *

Principal's Last Name: *

Principal's Email Address: *

Number of Students Enrolled: *

School Information

K - 8
Elementary
Middle
High
Other

Title I School? *

Yes
No
Percent of students in the school who receive free/reduced priced lunch - your principal will know this information: 

Please provide the estimated student ethnic breakdown in your school - your principal will know this information.  
(Responses must equal 100%): 

Hispanic/Latinx:  
Black/African American:  
Native American/Alaska Native:  
Asian/Pacific Islander:  
White/Caucasian:  
Bi-racial or Multi-racial:  
Other: 

Please provide the names and email addresses of up to two other individuals you would like to receive communications about the program:  
First Name:  
Last Name:  
Email Address: 

First Name:  
Last Name:  
Email Address: 

How did you hear about the program? (select one):  
- National PTA  
- State PTA  
- Region/District/Council PTA  
- Local PTA  
- Media  
- Educator  
- Other (Please specify) 

Why did you choose to enroll in the School of Excellence program? 

Enroll Now!