



**SCHOOL OF
EXCELLENCE**

everychild.one voice.[®]

Enroll in National PTA School of Excellence Program - SAMPLE Only

* 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PTA City: *

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: *

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 student demographic breakdown in your school - your principal will know this information.

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!