2022-2023 School of Excellence Program
SAMPLE Enrollment Form

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.

Asterisks* indicate a required question.

Leader Information

*First Name: *Last Name: *PTA Role: *Email Address: *Home Phone Number: *Mobile Phone Number:

My race/ethnicity is:
- African American/Black
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latinx
- Native American/Alaskan Native (not Pacific Islander)
- Bi-racial/Multi-racial
- Prefer to self-describe
- Prefer not to answer

My gender is:
- Male
- Female
- Transgender
- Non-binary/Gender-expansive
- Prefer to self-describe
- Prefer not to answer

PTA Info

Search for and add your PTA's information record below by entering ONLY ONE of the following: PTA Name, PTA ID or City. Your PTA's information will automatically populate the gray fields.

If you are searching by PTA ID, be sure it is 8 digits long. (If your ID does not have 8 numbers, enter 0's at the beginning to make it 8 digits.)
If the PTA record is not appearing in the search, or if any of the PTA information is populated incorrectly, email Excellence@PTA.org.

*PTA ID:

*PTA Name:

PTA Address:
  Street Address
  Line 2
  City
  Country
  State / Province
  Zip / Postal Code

**School Demographic Info**

Your school demographic information may not appear, as it will only populate if we already have the information in our database.

*Demographic information won’t count for or against your PTA, it’s just good information for NPTA to have. It can also provide you and your Excellence Team for good context for how your efforts through the program can reach your entire school community.*

**School Name:**

**Title 1:**

**Free and Reduced Lunch Enrollment:**

**White Enrollment:**

**Black Enrollment:**

**Mixed Enrollment:**

**American Indian Enrollment:**

**Asian Enrollment:**

**Pacific Islander Enrollment:**

**Hispanic Enrollment:**

**Female Enrollment:**

**Male Enrollment:**

**Total Enrollment:**
**School Location:**

**School Level:**

**School Information**

*Please verify if your school is Title I.*
- Yes
- No

Your school administrators play a valuable role in strengthening family-school partnerships. *Please provide the following information around your school Principal.*

**Principal's First Name:**
**Principal's Last Name:**
**Principal's Email Address:**

Should your PTA be designated, you will receive a National PTA School of Excellence banner to hang prominently at your school. *Is the above PTA address correct for receiving a banner if designated?*
- Yes
- No

**Program Information and Additional Contacts**

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

**How did you hear about the program?**
- National PTA
- State PTA
- Region/District/Council PTA
- Local PTA
- Media
- Educator
- Other

In addition to yourself, you may include up to two (2) other program contacts to receive regular email communication from Excellence@PTA.org throughout the program cycle.

**Additional program contact #1**
- First Name:
- Last Name:
- Email:

**Additional program contact #2**
- First Name:
- Last Name:
- Email: