



everychild.one voice.

H. B. THOMPSON MIDDLE SCHOOL

Dear Parents:

The HBT PTSA is excited to welcome you to another great year. In this mailing, you will find everything you need to know about the HBT PTSA including important flyers to print out, complete and return to school with your child.

1. **How To Join:** The HBT PTSA is part of the largest grass-roots organization in the country. Support your child(ren)'s education by returning the attached membership form. Just place it in an envelope marked "PTSA membership", and have your child hand it in to his/her Advisory teacher. Or, even easier, you can sign up online. Just click here and pay with a credit card: <https://hbt.memberhub.store>
2. **How to connect – Directory Spot:** We will once again use the online app Directory Spot for our student directory. The directory will only be available to PTSA members so make sure you join the PTSA!
 - a. 7th and 8th grade parents: if you were listed in the HBT Directory last year, that same information will be in the directory this year.
 - b. 6th grade parents whose elementary school used Directory Spot: that same information will be in our Directory.
 - c. 6th grade parents whose child went to South Grove, or is new to the district or wasn't in the HBT Directory last year and wants to be: please fill out the following Google doc <https://bit.ly/2000QT6>
 - d. To change any information in the directory, please contact Dana Kralstein at dana.kralstein@gmail.com
3. **How to volunteer:** Everything we do helps our children grow; WE NEED YOUR HELP to make it happen!!! Return the attached committee sign up form by emailing it to HBTPTSA@gmail.com and let us know what you would like to volunteer for.
4. **SEPTA:** SEPTA serves every school in the Syosset district and needs your help! Please fill out the attached form to join!

For the rest of the year, the PTSA will continue to reach out to you via email. The Newcomers' Reception is at 7:00pm on September 18th, and our first PTSA meeting will follow at 7:45pm. If you do not receive an email from the PTSA by September 10th, send an email to hbtptsa@gmail.com with "Email List" in the subject line. Please remember to include your name and your child's name and grade in the email, along with the email you would like to add to the PTSA system.

Enjoy the rest of your summer and we look forward to seeing you in September!

Jen Abraham and Jodi Rokito
HBT PTSA Co-Presidents

2019-2020 HBT PTSA Membership Form



Why should I join the PTA?

- Joining the PTSA is a great way for parents, grandparents, students and faculty to easily help the HBT PTSA fund activities like the *Arts in Education* programs that bring education assemblies to the students throughout the school year, flowers for graduation, eighth grade breakfast and other things that enrich the students experience at HBT.
- The New York State PTSA is committed to make every child's potential a reality by engaging and empowering families and the community to advocate for all children. A portion of our dues are remitted to New York State PTSA.
- Please visit the New York State PTSA website to learn about the advocacy programs executed by New York State PTSA as well as member benefits that you may receive by becoming a PTSA member.
- Adult Dues (Parents & Faculty): \$12, Student Dues: \$8
- Checks should be made payable to "HBT PTSA"
- Online membership go to: <https://hbt.memberhub.store/>

Member #1 Information

Name	Gender: M / F	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Staff	Email (required to send eCard). Please Print
Mobile # for Text message. Optional ()		Demographic Information for Awards <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member	

Member #2 Information

Name	Gender: M / F	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Staff	Email (required to send eCard). Please Print
Mobile # for Text message. Optional ()		Demographic Information for Awards <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member	

Member #3 Information

Name	Gender: M / F	Membership Type <input type="checkbox"/> Standard <input type="checkbox"/> Student <input type="checkbox"/> Staff	Email (required to send eCard). Please Print
Mobile # for Text message. Optional ()		Demographic Information for Awards <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Community Member	

Amount Due

1. _____ (# of Adult Members) X \$ 12 = \$ _____ (eg. 1 Adult: \$12, 2 Adults: \$24, 3 Adults: \$36)

2. _____ (# of Student Members) X \$8 = \$ _____ (eg. 1 Student: \$8, 2 Students: \$16, 3 Students: \$24)

Total Amount Due: Add Total of #1 and #2 \$ _____

For PTA Use Only

Payment Method: Cash Check # _____ Date: _____

Amount Received: \$ _____

Name of the person receiving the payment: _____



H.B. THOMPSON PTSA Committee Volunteer Sign-up Form 2019-2020

Welcome to H.B. Thompson Middle School! HBT is a wonderful experience for our children, and our PTSA programs add to that experience. These programs succeed due to the cooperative efforts of the teachers and staff, the PTSA executive board, and YOU. Volunteering in the PTSA will keep you connected to school happenings, introduce you to new people, and let you have fun in this phase of your child's education.

Whether you have five minutes or five hours, at night or during the day, to donate to PTSA, we have a place for you. Please review the list of committees below and let us know how you can help. THANK YOU!!!

If you have any questions or need more information, please contact:

Jodi Rokito – HBT PTSA Co-President at jsrokito@optonline.net
Jen Abraham – HBT PTSA Co-President at Jenabraham2@gmail.com

Place a **CHECK MARK** next to the committee(s) of which you would like to be a member.
OR, email us with your full name, and choice of committee.
(* designates a Syosset Council of PTAs Committee)

- | | |
|---|---|
| <input type="checkbox"/> Annual District Election and Budget Vote* | <input type="checkbox"/> Holiday Boutique |
| <input type="checkbox"/> Arts in Education (Curriculum Enrichment) | <input type="checkbox"/> Legislation* |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> Parent's Night Out |
| <input type="checkbox"/> Buddy Program | <input type="checkbox"/> Parent Resource Group* |
| <input type="checkbox"/> By Laws | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Clothing Sale | <input type="checkbox"/> Reflections* |
| <input type="checkbox"/> Cookie Dough Sale | <input type="checkbox"/> Scholarship Mailing* |
| <input type="checkbox"/> Communications Conference* | <input type="checkbox"/> School and Community* |
| <input type="checkbox"/> Cultural Unity* | <input type="checkbox"/> School Board Reporter |
| <input type="checkbox"/> Dining Fundraisers | <input type="checkbox"/> School Supply Kits |
| <input type="checkbox"/> 8 th Grade Yearbook Signing Celebration | <input type="checkbox"/> SEPTA |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Staff Recognition Dinner |
| <input type="checkbox"/> Gift Card Fundraiser | <input type="checkbox"/> Directory Spot App/Student Directory |
| <input type="checkbox"/> Health, Nutrition and Safety* | <input type="checkbox"/> Ways and Means* |

NAME: _____ **PHONE #** _____

EMAIL ADDRESS: _____
(Please print neatly!)

GRADE(S) OF CHILD(REN) SEPTEMBER 2019: _____

*****Please return this form by Sept. 10th by emailing it to HBTPTSA@gmail.com and indicate the committee for which you would like to volunteer.**

Syosset SEPTA

Special Education Parent Teacher Association

WE ARE SEPTA!

SEPTA is proud to serve and represent **every** school in Syosset Central School District. SEPTA membership is open to everyone! We focus our efforts on students who receive services from the District. These services can include: **Speech, Occupational Therapy, Physical Therapy, Resource Room, Instructional Support, Gifted Programs, Counseling, Nursing Services** (e.g., food allergies, medication assistance, etc), **Self-Contained/Inclusion Classes, Audiological/Vision Assistance** and **Early Intervention**.

SEPTA membership dues provide scholarships for graduating Syosset High School seniors and help us bring in informative programming including parent/sibling support groups and guest speakers.

Annual membership is **\$12** per person.

To join SEPTA online, use this link:
<https://syossetsepta.memberhub.store>

Or if you prefer, please make checks payable to **Syosset SEPTA** and forward this form and your payment to the PTA mailbox at your school OR mail directly to Christine Daniel, SEPTA Membership, 431 Split Rock Road, Syosset, NY 11791.

**Won't you join us?
THANK YOU in advance for your support!**

Maria Ciminiello & Christine Daniel, SEPTA Co-Presidents

Adult Members: School(s) associated with: _____

Name: _____ Male ___ Female ___

Please circle: Parent Teacher/Staff Other

Email: _____

Cell phone: _____

Name: _____ Male ___ Female ___

Please circle: Parent Teacher/Staff Other

Email: _____

Cell phone: _____

Student Members:

Name _____ School _____ Male ___ Female ___

Name _____ School _____ Male ___ Female ___

Total Memberships _____ @ \$12 = \$ _____

Additional donations (cash or check only) are tax deductible and will help support SEPTA scholarships and programming. Amount of additional donation: _____