Darren Webb Superintendent Dr. Suzy Lofton Deputy Superintendent



Heather Stoner Principal Stu Taylor Assistant Principal Craten Phillips Athletic Director Meghin Huerta Counselor

## LVHS PTSA Membership Application

Parent/Student Name(	(s)			
Address				
Phone #	Email			
Circle one: Parent/Guardian	Teacher	Administration	Community Membe	er Student
Number of membershi	ps	@ \$ 10.00 = Donation Total Due:	\$	_
High School Student N	ame(s)			
May we contact you to				
	Yes, plea	ise N	Io, thank you	
Total Due: \$				
_			PTSA Dues/Dona	
Name:	-		Date:	
Total Paid: \$		Paid with:	Cash	Check#