



2018-19 Reflections Program School Participation Information

SCHOOL NAME: _____
ADDRESS: _____
PRINCIPAL: _____
PTA PRESIDENT: _____
EMAIL: _____

REFLECTIONS COORDINATOR(S):

NAME: _____
EMAIL: _____
Contact #s _____

NAME: _____
EMAIL: _____
Contact Phone #s _____

NAME: _____
EMAIL: _____
Contact Phone #s _____

If your school is participating in the 2018-19 calendar year,
Please complete and return form to reflections@austincouncilpta.org

Keep a copy of this form in your PTA files.

DUE SEPTEMBER 30, 2018

Thank you for your participation in the Reflections Program!