

# Capitan Tigers PTO

## Request for PTO Support

Thank you for your request. The PTO exists to support the students, teachers and staff of the Capitan Schools community. Please complete this form and submit it to one of the school secretaries. Your request will be presented to members of the PTO for a vote at our next regularly scheduled meeting. Please plan accordingly. For the 2024/2025 school year, the Capitan PTO Meetings are the first Wednesday of each month in the admin board room at 4:30pm. If you have a special request that needs immediate attention, please contact a member of the board for assistance. For any other questions, please send them to [capitantigerspto@gmail.com](mailto:capitantigerspto@gmail.com)

All requests require detailed information. Lack of details may result in delays. The decision will be sent via email or teacher mailbox in a timely manner.

Date of Request: \_\_\_\_\_

Staff member and/or Group: \_\_\_\_\_

Type of Support Requested: (Funding, Volunteers, Gear, Classroom Supplies, Educational Material, etc.)  
\_\_\_\_\_

Value requested (If applicable): \$ \_\_\_\_\_ Date Required: \_\_\_\_\_

1. How many children and/or staff members do you anticipate will benefit from this program or project? \_\_\_\_\_

2. Briefly describe your request and explain how the students will benefit. (Use the back of this form for more space if required). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If funds requested, do you wish to receive the funds via school mailbox or mailed? (please circle one)

Additional info: Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PTO official use only

PTO Approved? Yes \_\_\_\_\_ or No \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Tabled for more info. \_\_\_\_\_ Date: \_\_\_\_\_ Treasurer or PTO Pres. Signature \_\_\_\_\_