



Parent-Teacher Association (PTA) Membership Form

Student Information

Student Name: _____

Grade: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

PTA Membership Options

Please select the membership option that applies to you:

Individual Membership (\$25 annual fee)

Family Membership (\$40 annual fee) - includes two parents/guardians

Background Checks

Word of Faith Christian Academy values the safety and well-being of our students. As part of our commitment to providing a secure environment, all parents/guardians who wish to participate in PTA activities involving direct interaction with students are required to undergo a background check.

By signing below, I understand and agree to the following:

1. I authorize Word of Faith Christian Academy to conduct a background check, including but not limited to criminal history records, child abuse and neglect registries, and sex offender registries.
2. I understand that the results of the background check will be kept confidential and will be used solely for the purpose of determining eligibility to participate in PTA activities.
3. I acknowledge that if the background check reveals any disqualifying information, Word of Faith Christian Academy may, at its discretion, restrict or deny my participation in PTA activities involving direct interaction with students.
4. I agree to comply with all policies and procedures of Word of Faith Christian Academy regarding child safety and conduct, as outlined in the school's parent handbook and PTA guidelines.

By signing below, I confirm that I have read, understood, and agree to the above clauses regarding background checks.

Parent/Guardian Signature: _____

Date: _____

Please return this completed form, along with the membership fee (if applicable), to the Word of Faith Christian Academy office. Thank you for your support!