

# DIVISION AVENUE



# PTSA

120 Division Ave. Levittown, NY 11756 • 516-434-7150 • levittownschoools.com/division/pta  
Instagram: dahs\_ptsa • Facebook: Division Avenue High School PTSA

## Division Ave. Parent, Teacher, Student Association Membership

The Division Avenue High School PTSA welcomes you to a new school year and encourages all parents, guardians, teachers and students to join our PTSA. Our monthly meetings begin in September.

- Join millions of others who advocate for laws that further the education, physical and mental health, welfare, and safety of our children.
- Attend meetings to hear from our executive board as well as the school administrators about upcoming events, school curriculum, and school activities.

## Eligibility Requirements for PTSA SENIOR AWARD

**SENIORS:** Must be paid PTSA members by January 31, 2025 **AND** must make a donation to our Sweeps fundraiser by 2/25/25 (separate check made out to DAHS PTSA Senior Award Fund) **OR** volunteer for Sweeps. Students also must have been a PTSA member at least one additional year prior to their senior year.

**FRESHMAN, SOPHOMORES & JUNIORS:** To be eligible to receive the award in their senior year, students must be a PTSA member at least one of the years prior to senior year. Thereafter, Senior Award rules apply. Membership is strongly encouraged every year to stay informed of all PTSA happenings.

**STUDENTS \$5      STANDARD/STAFF \$10**

### ONLINE PAYMENTS:

Scan the QR code to go the online store: levittownschoools.com/division/pta  
*Please note: Online payments incur a small transaction fee.*



**CASH OR CHECK PAYMENTS:** Enclose bottom portion of this form along with cash or check payable to DAHS PTSA and drop off to school's main office (mark envelope PTSA membership.)

Any questions please contact DivisionAvePTSA@gmail.com



MEMBER #1 Information		
NAME:	If Student, Grade:	PHONE:
EMAIL:		Membership Type: <input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Staff
MEMBER #2 Information		
NAME:	If Student, Grade:	PHONE:
EMAIL:		Membership Type: <input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Staff
MEMBER #3 Information		
NAME:	If Student, Grade:	PHONE:
EMAIL:		Membership Type: <input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Staff

Total:\$ \_\_\_\_\_ Check # \_\_\_\_\_