

Week of
July 29, 2022



Falcon Flyer



Mark Your Calendar.

- August 2: Back to School Night-6:30-8pm
- September 5: Labor Day-No School
- September 19: Picture Day



Jon Romine, Principal

Steve Mast, Assistant Principal

PMA PMMS PTSA Membership Form 2022-2023

___ Individual Membership \$10.00 ___ Family \$15.00

Please Print

Member #1: _____

Primary Phone#: _____ Parent _____ Student _____ Grandparent
_____ Teacher _____ Guardian _____ School Staff

Email: _____

Would you like to be contacted to volunteer? YES NO

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Student Name _____ Grade _____ Homeroom/ Advisory # _____

Member #2: _____ Phone Number: _____

Email: _____

Volunteer? YES NO

Member #3: _____ Phone Number: _____

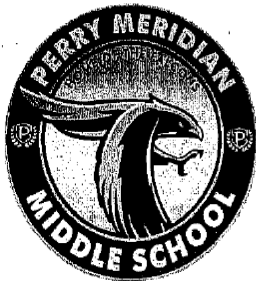
Email: _____

Volunteer? YES NO

VENMO Information to pay online: PMMS-PTSA

I give PMA & PMMS PTSA permission to communicate by email important PTSA reminders; date(s) of upcoming PTSA sponsored events, and PTSA General Meetings. This information will only be used by the PMA & PMMS PTSA.

PTSA BOARD USE ONLY: Cash: _____ Check#: _____ Credit Card/Venmo:
_____ Amount: _____ Date: _____ Board Initials: _____



**HEY PERRY FAMILIES, DO YOU WANT TO BE A
PART OF OUR PTSA?**

**HERE ARE SOME OF THE GREAT WAYS
OUR PTSA GETS INVOLVED!**

**FALL FESTIVAL
8TH GRADE
DANCE**

**TEACHER
APPRECIATION**

CANDY GRAMS

COLOR BLAST



LEGO® Show



O.E.S. Indiana Service Dog Project



**Saturday, Sept. 10
11:00am to 5:00pm**

Show located at:

SAHARA GROTTO
7620 Madison Ave
Indianapolis, IN 46227



Fundraiser in support of **ICAN** the **Indiana Canine Assistance Network**

ICAN trains and places assistance dogs with individuals with disabilities and provides foundational life skills to inmates through their experience as trainers.



Suggested donation: \$2 per person up to \$10 per family

Come see displays by LEGO enthusiasts, purchase LEGO sets & minifigs from a local vendor

Sponsored by:



It's a Block Party
ItsABlockParty.com

Enroll online for quicker service at www.StudentInsurance-kk.com

or complete and mail this form

Student Accident Enrollment Form (School Year 2022-2023)

Student's Last Name: _____

Student's First Name: _____

Student's Middle Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School District (required): _____

Name of School: _____

Grade Level: Pre-K/Headstart Kindergarten/Elementary Middle School High School/Above

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____ Phone Number: _____

Student Insurance Plan Options — Check Your Selection:

Accident Only Coverage Plans	Low Option	High Option
24-HOUR	<input type="checkbox"/> \$112.00	<input type="checkbox"/> \$165.00
24-HOUR Summer Only	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$51.00
AT-SCHOOL	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$38.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	<input type="checkbox"/> \$176.00	<input type="checkbox"/> \$293.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only For New Players	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$124.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL Covers all athletics	<input type="checkbox"/> \$206.00	<input type="checkbox"/> \$331.00
HIGH SCHOOL FOOTBALL and 24-HOUR Covers all athletics	<input type="checkbox"/> \$288.00	<input type="checkbox"/> \$458.00

Enclose check for total payment payable to: **AXIS INSURANCE COMPANY**. Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

TOTAL ENCLOSED: \$ _____

See Important Notice - Fraud Warning on next page.

Mail this completed form with payment back to: *K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338*

Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: _____ MI: _____ Last Name: _____

Billing Address (if different than above)

Street # _____ Address _____ Apt # _____

City: _____ State: _____ Zip: _____

Card Number: Expiration Date: Month: Year:

Cardholder signature: _____

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)