

Christiansburg High School PARENT . TEACHER . STUDENT . ASSOCIATION .

Please fill out the information below and return this page to the CHS Main Office.

*Please attach your membership fee in the amount of \$7.00 *checks paid to: CHS PTSA*

Parent/Guardian Membership Form 2026-2027

- Parent/Guardian Name _____
- Student's Name & Grade _____
- Parent/Guardian Phone Number _____
- Parent/Guardian Email (NON-MCPS EMAIL)

_____ \$7.00 Membership Fee _____ Join the REMIND APP

Student Membership Form 2026-2027

- Student Name _____
- Grade Level _____
- Student Email (NON-MCPS EMAIL)

- Clubs/Interests/Talents

_____ \$7.00 Membership Fee _____ Join the REMIND APP

