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VALLEY STREAM SEPTA

One Kent Road
Valley Stream, NY 11580-3338

Serving Valley Stream School Districts 13, 24, 30 and the CHSD

SEPTA (Special Education PTA) Membership Drive 2016-2017

Valley Stream SEPTA supports the needs of parents & students from District 13, 24, 30 and the Central High School District who require assisted services, such as resource room, 504 accommodations, or any other special service. **Membership is \$10 per person.** Your dues helps to fund SEPTA programs and scholarships.

- **In order to be eligible for a 2016/2017 school year SEPTA Scholarship, the student (or a member of their family) must be a SEPTA member, this school year.**
- **Anyone being considered for the 2017/2018 school year SEPTA Scholarship, must have (at least) one family member as a SEPTA member, for (at least) 2 years.**
- **Thereafter, anyone being considered for a SEPTA Scholarship, must have (at least) one family member be a SEPTA member, for (at least) 3 years.**
- **Valley Stream SEPTA will continue award (at least) 14 scholarships annually, to qualifying graduates with special needs.**

Your attendance at our meetings is as important as your dues. SEPTA meetings provide a place where parents, staff and students can become more informed on programs, graduation requirements and transition from elementary to junior high school and beyond. It is a place where parents can exchange ideas and work together to achieve our common goal – success for every student. Our Meetings & Programs Schedule is on the reverse side.

Your participation in SEPTA shows our children that their education is important to us. We encourage parents, students, faculty and administrators to join. You DO NOT have to have a student who requires services to join.

June Innella is the Valley Stream SEPTA Membership Chairperson. Please feel free to contact her with any questions, suggestions, or concerns you might have at j.innella@verizon.net.

Thank you for your support.

Name: _____ Parent () Student () Staff ()

Name: _____ Parent () Student () Staff ()

Name: _____ Parent () Student () Staff ()

*Email Address: _____ Phone Number: _____

*School: _____

*Student's Name: _____ *Teacher's Name: _____

Please make checks payable to Valley Stream SEPTA. Please return your SEPTA membership form & dues to your school's Main Office or mail to SEPTA President, Darlene Hinds, at the above address.

*** Required Information**