



For questions or concerns please contact:

Kelsey Stone kstone@galva224.org and/or Heather Nance hnance@galva224.org

Your Information

Name: _____

I have ____ student(s) enrolled at Galva Elementary School

Please circle their grade(s). Pre-K K 1 2 3 4 5 6

Please fill out both, but check the box of your preferred method.

Phone _____ Okay to text? Yes ____ No ____

Email _____

We meet the 2nd Wednesday of every month at 6pm!

Tell us a little more...

What skills would you like to offer to the PTO?

Are you interested in any leadership roles within the PTO? _____

What would you like to see the PTO accomplish this year?

****Thank you for your interest and support****