

Massapequa SEPTA Membership

HELLO AND WELCOME BACK! MASSAPEQUA SEPTA is up and running and would like to invite you join us for the 2008-09 School year! Massapequa SEPTA is the Special Education PTA for all 9 buildings , and for any child receiving any services who lives in our school district. Your \$8.00 Membership (\$7.00 for each additional family member) in SEPTA helps us to continue our mission:

1. To Educate Parents and Teacher through speakers, workshops, and information about special education and related areas;
2. To Provide Resources on the multitude of services available for children with special needs locally, in the state, and nationally; and
3. To create Social and Recreational Opportunities for children with special needs.

You are not alone! SEPTA represents over 1000 students and their families receiving services district wide (and an average of 3 per classroom!). The start of the Co-teaching model in Birch Lane, and the additional life skills program in the secondary level this year are welcome new expansions to the Special Education Department. We need to keep working with our school administration improving the availability and quality of all Special Education services throughout our school district.

Becoming a member of SEPTA gives you the opportunity to support children with special needs and their families. You can always visit our web site anytime at: www.geocities.com/massapequasepta

Please tear off, fill out, and return to your school with your check payable to "Massapequa SEPTA" for \$8.00 marked "Attn. SEPTA". You can also bring your form and join us at any Massapequa SEPTA meeting, or mail to:

Marta Kiernan
141 N. Richmond Avenue
Massapequa NY, 11758

Membership cards will be sent home through the school for in-district students. Please include a self-addressed stamped envelope if you would need or prefer your membership card mailed to you.

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- Name: _____ Student's Name: _____
 - Street Address: _____
 - Town/ Zip Code: _____
 - E-Mail Address: _____
 - Home Phone: _____ Cell Phone: _____
 - Student's Grade: _____ Building: _____ Teacher: _____
 - In District /Out of District Placement: _____
 - Parent: _____ Teacher: _____ Administration: _____ SLP/OT/PT/Psychologist: _____

(If more than one child please use the back of this form and include children's names, grades, placement, building, and teacher for each additional child.)

***Please include your e-mail as we now use it to distribute new information as it becomes available.**

- Please indicate a committee you would be interested in helping with:
School Liaison: _____ Fund Raising: _____ News Letter: _____
Socials: _____ Hospitality: _____ Curriculum: _____
Parental Network: _____ Membership: _____ Gifted: _____

***Please come and talk with us at our next meeting.**