

PTA SUGGESTION BOX

WE WANT TO HEAR FROM YOU

Please help us to make this the PTA you want it to be.

Date: _____

Name (optional) _____

Phone / E-Mail (optional) _____

Please return to the PTA Mailbox in Oquenock's Main Office

Any and all comments and suggestions will be appreciated.

Any and all personal information will be kept confidential.

