

**ABINGTON SCHOOL DISTRICT  
PRINTING DEPARTMENT REQUEST**

Date of Request \_\_\_\_\_ Date Needed\* \_\_\_\_\_ **\*NO ASAP\*\*** (see over)

Title of Document \_\_\_\_\_

Name \_\_\_\_\_ School/Dept. \_\_\_\_\_

Distribution (if different than above) \_\_\_\_\_

APPROVED BY:  
PRINCIPAL/SUPERVISOR \_\_\_\_\_ Budget Code \_\_\_\_\_

# of Originals Attached \_\_\_\_\_ # of Copies Requested \_\_\_\_\_

Check one under each section:

- a. ☐ 1-sided  
☐ 2-sided

b. Collated? yes ☐ no ☐

- c. Stapled? yes ☐ no ☐  
if yes, circle one:



d. 3-hole punched? yes ☐ no ☐

e. Paper Size:

- ☐ 8 1/2 x 11  
☐ 8 1/2 x 14 (white, blue, green, pink, and yellow 20 lb. only)  
☐ 11 x 17 (white 20 lb. only)

f. Paper Type:

- ☐ regular copy paper (20 lb.)  
☐ card stock (available in 8 1/2 x 11 in colors marked \*)  
☐ certificate bond (white 8 1/2 x 11 only)  
☐ transparency

g. Paper Color:

- ☐ white \* ☐ pink \* ☐ yellow \*  
☐ green \* ☐ blue \* ☐ salmon \*  
☐ cherry ☐ gold ☐ gray ☐ buff \*

h. Cover? (card stock front & back) yes ☐ no ☐  
if yes, color: \_\_\_\_\_  
(available in colors marked \*)

Complete this section also if requesting bound or glued documents.

- ☐ Pads (glued) \_\_\_\_\_ or ☐ Spiral Bound (plastic comb) \_\_\_\_\_  
# of pads \_\_\_\_\_  
# of sheets per pad \_\_\_\_\_

**Special Instructions**

**PRINT SHOP USE ONLY:** Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched

Miscellaneous Expenses \_\_\_\_\_

**ACCOUNTING USE ONLY:** Title of Document \_\_\_\_\_ Date \_\_\_\_\_

Person Making Request \_\_\_\_\_ Department \_\_\_\_\_

Budget Code \_\_\_\_\_

# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
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# of Copies _____	Color _____	_____ -sided	<input type="checkbox"/> card stock	<input type="checkbox"/> 3-hole punched
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Miscellaneous Expenses \_\_\_\_\_

## Pretzel Sales

The sixth grade will be selling pretzels again this year. Pretzel sales will begin on Wednesday October 8th. You can purchase your pretzels two ways:

1- Pay for each pretzel sale by sending money in an envelope with your child's name and teacher's name and the number of pretzels on the outside of the envelope. Envelopes **MUST** be received by the Friday **BEFORE** the sale. Pretzels are \$.50 each or 3 for \$1.35.

2- Prepay using the form below. Prepay for the entire school year and receive the pretzels every Wednesday but never worrying about forgetting to send in an order each week!! **You will receive pretzels starting Wednesday October 8th thru Wednesday June 10th for a total of 35 weeks.** Again, fill out order form for "Yearly Pretzel Pre-Order".

If paying by check, please make checks payable to Highland PTO.

**Thank you so much for supporting the Sixth Grade!**

Please contact Cathy Everitt with any questions: [oceaneveritt@verizon.net](mailto:oceaneveritt@verizon.net)

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### Yearly Pretzel Pre-Order

You can place a ONE-TIME pre-order for pretzels and receive you pretzels every Wednesday. Pretzels are \$.50 each or 3 for \$1.35

**Please return by Friday October 3rd**

Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Grade \_\_\_\_\_

1 Pretzel every week for 35 weeks = \$17.50 \_\_\_\_\_

2 Pretzels every week for 35 weeks = \$35.00 \_\_\_\_\_

3 Pretzels every week for 35 weeks = \$47.25 \_\_\_\_\_

6 Pretzels every week for 35 weeks = \$94.50 \_\_\_\_\_

# HIGHLAND ELEMENTARY PTO

## DISBURSEMENT REQUEST FORM

DATE: \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_

AMOUNT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ (PTO PRESIDENT SIGNATURE)

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Please circle the number of the appropriate category and **attach all receipts**.

- |                                     |                         |
|-------------------------------------|-------------------------|
| 1.) Assemblies                      | 17.) Paw Prints         |
| 3.) Special Programs                | 18.) Science Fair       |
| 7.) Hospitality                     | 20.) Race for Education |
| 8.) Teacher/Staff Appreciation      | 22.) Book Fairs         |
| 9.) Family Fun Night/Fall Gathering | 24.) Spring Fling       |
| 10.) Paper/Printing                 | 28.) School Spirit      |
| 12.) Miscellaneous Expense          | 36.) Sixth Grade        |
| 13.) Library                        | 39.) Student Council    |
| 15.) Science Day                    |                         |
| 16.) Publishing Center              |                         |

Explanation of Expense \_\_\_\_\_

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Paid by Check # \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_ (Treasurer)

**HIGHLAND ELEMENTARY PTO**  
**CLASS PARTY DISBURSEMENT FORM**

DATE: \_\_\_\_\_

Highland PTO will provide \$3.00 per child for one class party each school year.

Teacher's Name \_\_\_\_\_

Number of Children \_\_\_\_\_ X \$3.00 = \_\_\_\_\_

Explanation of  
Expense \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

\_\_\_\_\_  
Paid by Check # \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ (Treasurer)

**PLEASE ATTACH RECEIPTS**



## GET FIT & HAVE FUN WITH ZUMBA AFTER SCHOOL

This five-week afterschool activity is open to girls in grades 2–6.  
Join this dynamic exercise program led by certified Zumba instructor  
(and Highland's own) CINDY RUSS!  
Only \$25 for the five-week series. Proceeds to go to Highland PTO.  
(PTO will offer a limited number of stipends.)



**Monday, November 10, 17, & 24  
December 1 & 8  
3:20–4:45PM**

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**Zumba After School Registration:** Please fill out and return to the PTO (Attention: Nicole Mumma).

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dismissal Instructions: (circle one) Walker Pick up by \_\_\_\_\_

Registration fee enclosed: \$25

Please circle one: Check made out to *Highland PTO* Cash Stipend

I give \_\_\_\_\_ permission to participate in this high intensity exercise class.  
(students name) (signature of guardian)

**\*All girls participating must be in gym attire including sneakers. Bring a water bottle.**