

**WHAT IS
PORT JEFFERSON SEPTA?**

We are a district-wide special education PTA whose goal is to support, inform and advocate for the needs of special education students.

We aim to provide parents and teachers the ability to obtain information, discuss issues and improve academic and social experiences for all our children.



**WHY JOIN
PORT JEFFERSON SEPTA?**

Does your child have an IEP or 504 plan? Are you a teacher or community member who wants to see progress for special needs children? If so, we invite you to join SEPTA. Your membership and support makes SEPTA programming possible, including informative speakers, activities for special needs students, scholarships, and more.

Join a community of friendship & support, with open dialogue and team work between parents of children receiving special education services and the faculty and administrators providing those services.

JOIN PORT JEFFERSON SEPTA!

Sign up online at <https://portjeffsepta.memberhub.store> or detach the form below and send to school with your child in an envelope addressed to "Port Jefferson SEPTA"

For meeting dates and times or more information, visit us on Facebook at [portjeffersonsepta](https://www.facebook.com/portjeffersonsepta) or email us at portjeffersonsepta@gmail.com

**SEPTA membership information remains confidential unless permission is granted otherwise.*

Please send in your membership form and dues payment with your child to school in an envelope addressed to "**PORT JEFFERSON SEPTA**".

Name(s): _____ Cell: _____ Email: _____

I am a:

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher/Professional | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Friend/Community Member |

School(s) I am affiliated with: _____

Checks should be made payable to: Port Jefferson SEPTA	Cash	Check
Dues: (\$12 per member, \$20 per family (for up two members))	\$ _____	\$ _____
(Optional) Donation: Your donation helps us fund speakers, workshops, scholarships and activities! Thank you!	\$ _____	\$ _____
Total:		\$ _____

Let us know your interests (check as many as apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> CSE Process |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Reading, Writing and/or Math Difficulties | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> After School Activities | <input type="checkbox"/> Other | |

I would like to volunteer for SEPTA!