



WEST BABYLON SEPTA IS BACK!



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WB SEPTA

MEETINGS & LECTURES

THURSDAY, SEPTEMBER 29TH, 7PM, S.H.S

CAFÉ A

LECTURE TOPIC:

"TRANSITIONING OUR SPECIAL NEEDS KIDS BACK TO SCHOOL"

Wednesday, October 26th at 7PM SHS

CAFÉ A

"Transitioning Back to School"
scheduled guest lecturer

All welcome!

WB SEPTA NIGHT OUT!

FRIDAY FAMILY SOCIAL

CELEBRATION & FUNDRAISER

Come out and welcome SEPTA back!

OCTOBER 7TH, 7PM, S.H.S. CAFÉ A.

DESSERTS, REFRESHMENTS,

Music & prize wheel with

WALK 97.5 & K-98.3

ADMISSION: \$3.00/per person + RAFFLES,
50/50 RAFFLE AND MORE!

All are welcome!

For more info: septapta@wbschools.org

BECOME A WEST BABYLON SEPTA MEMBER ONLINE:

<https://nyspta.force.com/NewMemberRegistration?unit=05-566>

Or return this slip at these SEPTA meetings - 9/29 or 10/26

SEPTA membership information remains confidential unless permission is granted otherwise.

Name: _____	Phone (home): _____
Address: _____	Phone (work/cell): _____
City/State/Zip: _____	E-Mail: _____
School(s):	<input type="checkbox"/> FOREST <input type="checkbox"/> TOOKER <input type="checkbox"/> SANTAPOGUE <input type="checkbox"/> SOUTHBAY <input type="checkbox"/> J.F.K. <input type="checkbox"/> WBJHS <input type="checkbox"/> WBSHS <input type="checkbox"/> Out of District: _____
I am a....	<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Therapist <input type="checkbox"/> Administrator <input type="checkbox"/> Other: _____

Completed forms/payments go to: West Babylon SEPTA (c/o West Babylon Senior High School) 500 Great East Neck Rd West Babylon, NY 11704	Dues (\$10/member)	Cash \$ _____	Checks (payable to WB SEPTA) \$ _____
	Tax deductible donation Helps to fund programs	\$ _____	\$ _____
	Total	\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

OPTIONAL - For Parents - Let us know your interests:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> AfterSchoolActivities | <input type="checkbox"/> CSE Process | <input type="checkbox"/> PDD/Asperger's | <input type="checkbox"/> TransitionafterHighSchool |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Homework | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing <input type="checkbox"/> Math |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Your Expertise You Can Share: _____ | | | |

Signature _____

Date _____

PTA Use: Date Recvd: _____

Date Entered into online system: _____