



September 2018

Dear Parents,

We hope that you are having a relaxing and enjoyable summer and are looking forward to a new school year. For our newcomers, we would like to introduce SEPTA to you. SEPTA stands for “**S**pecial **E**ducation **P**arent **T**eachers **A**ssociation.” We are a district wide PTA whose primary function is to act both as an advocacy and support group for children with special needs, their families and teachers. Even if you don't have children receiving services, please join to help us promote disabilities awareness district wide and our other advocacy efforts.

If your child receives speech, counseling, resource room, reading, occupational therapy, physical therapy or if your child is in a special education class, inclusion class or out of district placement, you need to be a member of SEPTA.

Your membership and support makes wonderful SEPTA programs possible including, but not limited to, our after-school Social Skills Program, Parent Support Group, Disabilities Awareness, SEPTA College Scholarships, Beautiful Me, Celebration of Success and other recognition parties.

We have attached a membership form for your convenience, or feel free to visit our SEPTA membership table at all open houses in September. You can get more information about SEPTA and find out about other resources for your child from our eboard at [www.commack12.ny.us](http://www.commack12.ny.us).

Thank you in advance for your support and remember - SEPTA is here for YOU!

Sincerely,

Amy Loguercio & Rocky Cinque  
SEPTA Co-Presidents

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**SEPTA MEMBERSHIP FORM**

**\$9.00 for each member**  
**\$5.00 for students**

**Your Name** \_\_\_\_\_ **Second Member's Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Child's School** \_\_\_\_\_

**Child's Grade** \_\_\_\_\_ **Child's Teacher** \_\_\_\_\_

**I am a Teacher/Administrator and I work at** \_\_\_\_\_

**I would like to donate \$1.00 to the SEPTA Scholarship Fund.**

**I would like to volunteer for a committee.**

**Please send this form, along with your check, made out to SEPTA (*do not send cash*), to school in an envelope addressed to: CMS c/o SEPTA OR mail to: SEPTA, P.O. Box 150, Commack, NY 11725.**

There will be a \$15.00 fee for returned checks.