

# REPORTS TRANSMITTAL MASTER COVER FORM



**Purpose:** To streamline the check-in process of reports at the state office.

**Directions:**

- Each local unit president must complete ONE Reports Transmittal Master Cover Form and submit it with ALL of the reports the local unit is submitting.
- Verify that the information on this transmittal form is correct and consistent with other report cover sheets being submitted (correct LU ID#, district, council, number of reports, etc.).
- Entries must be postmarked or delivered to the state office on or before the second Friday in March: Georgia PTA, 114 Baker Street NE, Atlanta, GA 30308.
- For more information, contact the state office at 404-659-0214 or [gapta@bellsouth.net](mailto:gapta@bellsouth.net).

Date \_\_\_\_\_ Local Unit ID# \_\_\_\_\_ District \_\_\_\_\_

Local Unit Name \_\_\_\_\_

Council Name: \_\_\_\_\_

**Check one:**     Elementary 750 and below                       Middle/Junior High School  
                     Elementary 751 and above                       High School

President's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Co-President's Name (if applicable) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Principal's Name \_\_\_\_\_

**Total number of reports submitted:** \_\_\_\_\_

**Please check which reports are being submitted:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Outstanding Local Unit PTA | <input type="checkbox"/> The Model PTA            | <input type="checkbox"/> Visionary Award      |
| <input type="checkbox"/> Outstanding Principal      | <input type="checkbox"/> Outstanding School Nurse | <input type="checkbox"/> Outstanding Educator |

**FOR STATE OFFICE USE ONLY**

Received date \_\_\_\_\_ Received by \_\_\_\_\_

Catalogued by \_\_\_\_\_ Date \_\_\_\_\_

Total number of reports received \_\_\_\_\_