



Parent Advisory Council Application

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Occupation: _____ Title: _____

Workplace: _____ Who were you referred by? _____

What school(s) do your child(ren) attend and what grade(s) are they currently in?

Please answer the following questions. A separate sheet of paper may be used if needed.

Why do you want to be on the Parent Advisory Council? _____

What contributions do you feel you will make to the Council's work? _____

What major accomplishment would you like to see the Council achieve? _____

Signature: _____

Thank you for your interest in serving on the Parent Advisory Council.