



Teacher Advisory Council Application

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Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

Years taught in the District? \_\_\_\_\_ Overall years of teaching experience? \_\_\_\_\_

What grade and subjects do you teach?

\_\_\_\_\_  
\_\_\_\_\_

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

Why do you want to be on the Teacher 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 Teacher Advisory Council.*