

Parent Advisory Council

2020- 2021 Application

INFORMATION SHEET

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell Phone: _____

Student's Name: _____

Student's Grade: _____ K-5 _____ 6-8 _____ 9-12

Student's School: _____

Student's Name: _____

Student's Grade: _____ K-5 _____ 6-8 _____ 9-12

Student's School: _____

Student's Name: _____

Student's Grade: _____ K-5 _____ 6-8 _____ 9-12

Student's School: _____

SHORT ANSWER QUESTIONS

Please share areas of expertise or hobbies that may be of interest/benefit to the Parent Advisory Council:

Why do you want to serve on the Parent Advisory Council?

Please share your past/current involvement with other volunteer/service organizations:

How did you hear about the Parent Advisory Council?

Please list a current concern in regards to Early Childhood Education?
