

PARENT INVOLVEMENT COMMITTEE

Parent Application Form

We appreciate your interest in the Lakehead District School Board's Parent Involvement Committee. Please complete this application form and return it to either your child's school or the Jim McCuaig Education Centre at 2135 Sills Street (c/o Judy Hill, Office of the Director). We will confirm receipt of your application by email. Thank you again for your interest.

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School(s) Child(ren) Attend: Your child(ren) currently attend(s):

School: _____ Grade(s): _____

I am applying for the position of: School Council representative
 Parent member

I would prefer to be a committee member for a term of: 2 years
 1 year

Are you an employee of Lakehead District School Board? Yes
 No

We value the participation of parents in our community. If we are unable to accommodate your request to be a representative, would you consider participating in focus groups or committees working on related issues?

Yes
 No

Please complete the details on the reverse of this form.

Please note: Applicants for parent representative positions must have a child attending a Lakehead District School Board school.

Applicant's Signature

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Please provide a brief summary of your:

School Involvement

Community Involvement

Skills and Interests

Deadline for Applications: Friday, September 20, 2019.