

# **PARENT INVOLVEMENT COMMITTEE**

## **Community Representative 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:

Christine Jones  
Office of the Chief Executive Officer  
Lakehead Public Schools  
2135 Sills Street  
Thunder Bay, ON P7E 5T2  
Fax: 622-0961  
Email: christine\_jones@lakeheadschoools.ca

We will confirm receipt of your application by email. Thank you again for your interest.

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

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

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

Home  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
(if applicable)

The one-year term for this position is effective November 16, 2026 to November 16, 2027.

We value the participation of 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 community representative positions shall not be employees of Lakehead District School Board.

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Applicant's Signature

# **PARENT INVOLVEMENT COMMITTEE**

## **Community Representative Application Form – Page 2**

Please provide a brief summary of your:

Community Involvement

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Skills and Interests

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School Involvement (if applicable)

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**Deadline for Applications: Friday, October 3, 2026.**