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@lakeheadschools.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.

_____
Applicant's Signature

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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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