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 Christine Jones, Office of the CEO). 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

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Skills and Interests

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