

School Advisory Council Application

Applicant Information			
•	• Full Name:		
•	Email Address:		
•	Phone Number:		
•	• Address:		
•	Affiliation with the School:		
	Parent/Guardian		
	• Student		
	Teacher/Staff		
	Community Member		
	• Other:		
Sackground and Experience			
1.	Why are you interested in joining the School Advisory Council?		
	Please describe your motivation and what you hope to contribute.		
2.	What skills, experiences, or perspectives would you bring to the council? Include any relevant volunteer work, leadership roles, or community involvement.		

3. H	ave you previously served on any school or community councils?
	• Yes
	• No
	If yes, please describe:
(b) Avail	ability
• A	re you available to attend monthly meetings (in-person or virtual)?
	• Yes
	• No
	Maybe – please explain:
• Pi	referred Meeting Time:
	• Morning
	• Afternoon
	• Flexible
✓ Agree	ement
understa	itting this application, I affirm that the information provided is true and complete. I nd that participation in the School Advisory Council is voluntary and may require a ınd check depending on school policy.
	e:
	curn in the application in the front office or scan it to Candace Wright pasco.k12.fl.us