



A PROUD TRADITION | A BRIGHT FUTURE

LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR
ADVISORY COMMITTEE APPOINTMENT

Advisory Committee Interest: Attendance Boundary Committee Career & Technology Education Citizen's Bond Districtwide Student Improvement Committee Health Education Advisory Safety Through Resistance and Teaching Special Education Technology Advisory

Name: Last First MI

Address: City State Zip

Telephone: Day Evening Fax

Email Address:

Date of Birth: Length of Residence in LCISD:

Occupation: Employer:

Business Address: City State Zip

Parent of current student: yes no If yes, name of campus/campuses your student/students attend:

If no, name of campus closest to your home:

Community Interests and Activities

Four horizontal lines for listing community interests and activities.

Personal References

Name: Phone: Four horizontal lines for listing personal references.

I understand that I will be expected to attend all committee meetings. Committee members that miss more than three (3) consecutive meetings may be replaced.

SIGNATURE: DATE:

Return to LCISD Community Relations, 3911 Avenue I, Rosenberg, TX 77471 or fax 832-223-0331 or email to mrockwood@lcisd.org

Application will be retained for a period of two years only.