

Charlotte County Public Schools  
School Advisory Council Membership Information Form

\_\_\_\_\_

School Name

**Please Print**

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please check ONE:**

Parent – Please provide name(s) of your child(ren): \_\_\_\_\_

Community Member

Teacher

Support Staff

Student

Business Partner – Please provide name of company: \_\_\_\_\_

Are you employed by this school?                      Yes                      No

Are you employed by the school district?                      Yes                      No

**Please check ONE:**

American Indian/Alaskan Native

Asian/Pacific Islander

Black/Non-Hispanic

Hispanic

Multiracial

White/Non-Hispanic