APPLICATION FOR APPOINTMENT TO SCHOOL ADVISORY COUNCIL

_____
SCHOOL

Name _____ **Date** _____

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____ **Cell Phone** _____

Email _____ **Years at current address** _____

Business Name _____

Address _____

City _____ **State** _____ **Zip** _____

List any school committee on which you currently serve: _____

List other areas of involvement in the school: _____

Student(s) currently enrolled in Buncombe County Schools:

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

_____

Signature **Date**

Return application to School Principal