



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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Date

Return application to School Principal