

Parent Advisory Committee Interest Application
2019-2020 School Year

Name: _____ Tribe: _____

What is the nearest major airport? _____ Your child's name: _____

Phone number and/or email to reach you: _____ Cell Home Email: _____

Why would you like to be on the Parent Advisory Committee? _____

What do you feel would be your contribution to the Parent Advisory Committee? _____

What do you feel are the greatest needs at Chemawa? _____

Would you be available to travel 2 times per year during the week for 2-3 days at a time? Yes No

Signature: _____

Date: _____