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? __________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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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: ___________________________