



**WOODWARD AVENUE ELEMENTARY
2020-2021 SCHOOL ADVISORY COUNCIL
MEMBERSHIP APPLICATION**

NAME: _____

FULL ADDRESS: _____

TELEPHONE #: (HOME) _____

(CELL) _____

E-Mail Address: _____

**I will represent the following group on the School Advisory Council:
(Please circle one below)**

Parents Teachers Staff Students Community Member

**Please describe why you are interested in becoming a SAC member at
Woodward Avenue Elementary:**

I understand membership requires me to attend each of the 8 scheduled School Advisory Council meetings or notify the identified SAC Coordinator before the meeting of my inability to attend.

Signature: _____ **Date:** _____

*****PLEASE RETURN TO CYD SNIDER AT WOODWARD ELEMENTARY*****

Superstars Always RISE to the Top!