## APPLICATION FOR CARROLL ISD 2016-2017 DISTRICT COMMITTEES

NAME	
ADDRESS	CITY
E-MAIL ADDRESS:	
WORK PHONE	HOME PHONE
Please check the committee you	ou would like to participate on (choose only one committee):
Audit Committee	
Budget & Finance Com	nmittee
School Health Advisory	y Council (SHAC)
District Advisory Comr	mittee (DAC)
Campus Site-Based Dec	ecision-Making Committee
Which campus?	? (specify your first choice)
Parent with student	ts in CISD Community Member Business
Office, 2400 N. Carroll Avenue, S	The completed application must be returned to the Superinten Southlake, TX 76092 by 4:30 p.m. on Friday, September 23, 201 not guarantee you placement on a CISD Committee.
Special qualifications for comm	mittee appointment:
What do you feel that you can o	contribute to this committee?
Signature of Applicant	Date