



The School District of Philadelphia  
Office of Family and Community Engagement



**School Advisory Council Application**

Please fill out this form to apply for a seat on the School Advisory Council. **Applications must be submitted online**—if you do not have access to a computer or are unfamiliar with computers, please give your Paper SAC Application to the SAC point person in your school. Thank you ☺

**Please only use this form if you are unable to submit your application electronically at [www.philasd.org/sac](http://www.philasd.org/sac).**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO COMPLETE YOUR APPLICATION.**

**1. Name of the school on whose School Advisory Council you would like to serve (list only one):**

\_\_\_\_\_

**2. Which group will you represent on the School Advisory Council (choose only one)?**

- Student
- Parent/Family Member
- Community Member
- Community Member / Organization \_\_\_\_\_ (Name of the Organization)
- School Staff

**2a. If you seek to serve as a Parent / Family member, please provide information about your child/children.** (To serve as a parent/family member, you must have a child currently attending the school you are applying for.)

Name of Child: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**3. Candidate Bio** (up to 200 words)

Use the space below to explain why you would like to serve on the SAC. If your school has more applicants than the number of SAC seats available for the stakeholder group you represent, this Bio will become a part of the Candidate Information Sheet designed to introduce the candidates during the election process.

**Turn the page to continue >>>**

**4. Candidate Signature**

By signing below I certify that:

- The information I have provided is true and accurate to the best of my knowledge.
- That I have no conflicts of interest and no affiliations with any organizations providing or seeking to provide services paid for by the school.
- I understand that as a SAC candidate, my name and Bio will be a part of the public record.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your interest in being a part of the SAC!**

**For additional information** please contact your school, visit [www.philasd.org/sac](http://www.philasd.org/sac), call the Office of Family & Community Engagement at 215.400.4180 or e-mail [sac@philasd.org](mailto:sac@philasd.org).