

# The School District of Philadelphia



## School Advisory Council Nomination Form

Please fill out this form to apply for a seat on the School Advisory Council. Do your best to provide as much information as possible, and please retain a copy for your records.

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

**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Work:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Method of Contact (Check all that apply):**

Home Phone     Cell Phone     Email     Work Phone

**Please answer the following questions to complete your nomination.**

**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)?**

- Parent/Guardian
- Community Member
- Community/Faith Based Organization \_\_\_\_\_ (Name of the Organization)
- School Staff (Please submit your application to the PFT Building Committee)

**2a. If you seek to serve as a parent/guardian, please provide information about your child/children. (Note: To represent the parent/caregiver group, you must have a child who attends the identified school).**

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

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

**3. Tell us about yourself. In your short narrative please try to answer some of the following questions:**

- **What was your previous involvement with the school (volunteering, helping with a project, supporting or running a program, participation on any advisory bodies or just being an involved parent or committed staff member)?**
- **How are you involved in your community (block captain, member of EPIC Stakeholders, volunteer at a community-based center or a faith-based organization, etc.)?**
- **What other aspects of your prior education, as well as personal and professional experience would make you a valuable member of the SAC?**

**4. Tell us about what you would like to achieve as a SAC member:**

Thank you for your interest!

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

Translated versions of this document are available at: [www.philasd.org/translation](http://www.philasd.org/translation)