

School Health

School Board Advisory Committee Application Powhatan County Public Schools

I would like the opportunity to serve on the

Powhatan County Schools offers Advisory Committees in the following areas:

 Career 	and Technical Education		committee for: (please check)	
	Advisory Committee			
	Education		1 year	
-	Parent Advisory Committee		2 years	
11010 1	Tarent Havisory Committee			
Advisory Com	mittee interested in:			
Name_			Date of Application	
Address				
II DI		C II NI		
Home Phone_		Cell Phon	ne:	
Voting Distric	oting District Email:			
Are vou a (che	eck all that apply):			
parent grandparent grandparent guardian				
interested community member				
representative of a community agency (please specify)				
representative of a business or association in the community				
(please specify)				
(please specify) other (please specify)				
If vou are a pa	rent or family member, what is your	child's:		
	AgeSchool			
Age	AgeSchool			
Age	AgeSchool			
Disability if applicable				
What do you hope to accomplish from your participation on the Advisory Committee?				
What unique experiences, perspectives, talents or skills could you bring to the Advisory Committee?				

Please return the completed form to Shelia Eggleston (shelia.eggleston@powhatan.k12.va.us) or mail to Pocahontas Landmark Center, 4290 Anderson Highway, Powhatan, Virginia 23139 by <a href="mailto:occupants-oc