



APPLICATION
SCHOOL BOARD ADVISORY COMMITTEE
POWHATAN COUNTY PUBLIC SCHOOLS

Advisory Committee interested in: _____

Name _____ Date of Application _____

Address _____

Home Phone _____ Cell Phone: _____

Voting District _____ Email: _____

Are you a (check all that apply):

_____ parent _____ grandparent _____ guardian
_____ interested community member
_____ representative of a community agency (please specify) _____

_____ representative of a business or association in the community
(please specify) _____

_____ other (please specify) _____

If you are a parent or family member, what is your child's:

Age _____ School _____

Age _____ School _____

Age _____ School _____

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 Michele H. Wilson at:

Michele.wilson@powhatan.k12.va.us or mail to Powhatan County School Board Office, 2320 Skaggs Road, Powhatan, Virginia 23139.