

LEMON BAY HIGH SCHOOL  
SCHOOL ADVISORY COUNCIL

*Complete and return to Jim Harrison, LBHS SAC Chairman, or to LBHS School Office*

Name (please print)\_\_\_\_\_

E-Mail Address (preferred)\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone Numbers Days\_\_\_\_\_Evenings\_\_\_\_\_

1. Circle all that apply:

Parent-Guardian of LBHS Student

LBHS Teacher

LBHS Student

Charlotte County School Board Employee

Other; please state\_\_\_\_\_

(e.g.) local business person, community/citizen advocate, reporter, etc.

2. I am currently a voting member of LBHS SAC: Yes No

If yes, this coming school is my 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> year as a voting  
LBHS SAC member (please circle one)

If no, I would like to be a voting member of LBHS SAC: Yes No

3. I would like to receive notice of SAC meetings, agendas, and SAC

Monthly minutes: Yes No

Comments:

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