

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 1st 2nd 3rd 4th 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:
