

LCS District Advisory Council (DAC)

ANNUAL MEMBERSHIP APPOINTMENT FORM 2020-2021

This information is necessary for Council membership to certify that individuals are eligible and willing to serve in accordance with the Council's by-laws.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (home) _____ (work)

_____ (cell)

Fax _____ E-mail _____
(please print clearly)

1. My child(ren) attend(s): _____
(School)

2. I am a parent/administrator/teacher/student (circle one) at:
Name of School _____

3. My appointment to the DAC will be:
a. As a Delegate/Alternate (circle one) for: _____
SCHOOL

OR

b. As an At-Large Representative for: _____
**SUPERINTENDENT or
SCHOOL BOARD MEMBER**

I confirm that I (1) am a resident of Leon County, Florida; (2) will represent the school or official indicated; and (3) understand that my term on the District Advisory Council will expire on 31 August 2021.

Signature of Appointee

Date

Signature of Principal/Appointing Official

Date

Return completed form to Professional & Community Services, via
county mail or email to jacksonb5@leonschools.net

If you have any questions, please contact Brenda Jackson 487-7177