

LCS District Advisory Council (DAC)

Annual Membership Appointment Form 2019-2020

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

E-Mail: _____

Please Print Clearly

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

2. I am a (please check one): parent administrator teacher student

Name of School: _____

3. My appointment to the DAC will be: (Please circle one)

a. as a Delegate/Alternate for: _____
School

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 2020.

Signature of Appointee

Date

Signature of Principal/Appointing Official

Date

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

If you have any questions, please contact Denni Rae, 487-7177