



# Lawton Chiles High School School Advisory Council (SAC)



## ANNUAL MEMBERSHIP APPOINTMENT FORM 2022-2023

This information is necessary for Council membership and 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: \_\_\_\_\_
  - a. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
  - b. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
  - c. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
  
2. My appointment to the SAC will be:
  - a. Parent : \_\_\_\_\_
  - b. Business Community Leader (*Name Business*): \_\_\_\_\_
  - c. Teacher: \_\_\_\_\_
  - d. Support Staff: \_\_\_\_\_
  - e. Other: \_\_\_\_\_
  - f. DAC Rep: \_\_\_\_\_

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 School Advisory Council will expire on 31 August 2023.

\_\_\_\_\_  
Signature of Appointee \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Appointing Official \_\_\_\_\_  
Date

[ ] I will not be renewing my membership appointment for the 2022-23 school year. *Initials:* \_\_\_\_\_

Return completed form to email to [millern3@leonschools.net](mailto:millern3@leonschools.net)  
If you have any questions, please contact Nicola Miller (850) 488-1756