2018 – 2019
Application for Lakeridge Parent Advisory Council

Date: ________________

Parent Name: ________________________________________________________

Parent Email: __________________________________________________________

Parent Cell Phone: ______________________________________________________

Student(s) in the MISD: list name(s), grade(s) and gender(s)

Which PAC Position are you interested in filling?
- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Parent representing Highly Capable Program community
- Parent representing ELL community
- Parent representing Special Education community
- Parent representing Lakeridge diverse community

Please tell us why are you interested in being a Lakeridge PAC team member?

What other ways are you connected to the parent community and how do you think that will help you be effective on the PAC?

What are the issues you care most deeply about at Lakeridge?

Responsibilities of PAC Members:
- Serve as a channel of communication between parents and the PAC
- Remain well informed
- Support the work of the PAC
- Assume a lead role in committee work
- Maintain confidentiality of PAC discussions as appropriate
- Attendance at all PAC meetings
- Attendance at PTA General Member Meetings

Parent Signature: ______________________________________________________

THANK YOU for your interest in helping every Lakeridge Lion!
Your time and support are greatly appreciated.

For Office Use:
Date Received ____________________________ by __________________________

All applications to be forwarded to principal.