



# Hockinson School District Citizens Advisory Committee Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Are you a parent of student(s) enrolled in the Hockinson School District?  Yes  No

If so, please indicate grade levels: \_\_\_\_\_

2. Why would you like to be a member of the Citizens Advisory Committee?

3. What 'Board Zone' do you reside in?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Sandra F. Yager, Superintendent**