



HOCKINSON SCHOOL DISTRICT

Preparing all students for lifelong success

Citizens Advisory Committee Application

Date: _____ Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

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

If yes, please indicate grade level(s):

Pre K	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12 th

2. What School Board of Directors district do you reside in?

D1	D2	D3	D4	D5

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

Steven Marshall, Superintendent

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