

PROUD SCHOOLS IN A PROUD COMMUNITY  
  
**San Bruno Park  
 School District**  
 EXCELLENCE TOGETHER  
**ADVISORY COMMITTEE APPLICATION**

| <b>APPLICANT INFORMATION</b>   |            |       |
|--|------------|-------|
| Last Name  | First Name |       |
| Address  |            |       |
| Home Phone   | Cell Phone | Email |
| <b>ADVISORY COMMITTEE</b>  |            |       |
| Place a check mark next to the committee you would like to apply for |            |       |

Business Services

Operational Services

Parent Involvement

| <b>QUALIFICATIONS</b>  |
|--|
| Describe any previous position(s) or experience you have had that will make you an effective member of the SBPSD Advisory committee. |
| Describe personal qualities you possess that will assist you in being effective member of the committee.                             |
| What interests and concerns influenced your decision to seek this appointment?   |
| What objectives do you expect to achieve as a committee member?  |

**SIGNATURE**

**DATE**