

A T L A N T A I S D S H A C A P P L I C A T I O N
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Return completed form to Atlanta ISD Administration Offices, Attention: Jo Ann Hill, 106 West Main, Atlanta, TX 75551

Applicant Name-Please Print **Date of Application**

Home Phone **Work Phone** **Cell Phone**

Address **City** **Zip Code**

Ethnicity **E-Mail Address**

Select as many as apply:

- Parent of AISD student(s) attending (check all that apply)
 - Academy
 - Primary School
 - Elementary School
 - Middle School
 - High School

- Student, specify grade: _____

- Community Representation Area
 - Civic Group
 - Human Services
 - Clergy
 - Government

- Business owner or representative

- Mental Health Professional

- Health Profession, please specify _____

- Professional Educator

- Other professional (e.g. public media, attorney, law enforcement, etc), please specify _____

Activities/ Community service participation and duration of service:

What experiences or qualifications will you bring to SHAC?

Why are you interested in serving on SHAC?

List any goals that you may have for SHAC involvement:

Signature