



# Thorndale ISD Community Involvement Program Application for Enrollment 2019 - 2020

**Goal:** To invite a group of community members to take an in-depth look at Thorndale ISD. Spend four different days throughout the school year learning more about TISD and how our campuses are preparing our students for the future. Participants will become an advocate voice for the TISD schools to share with our community.

- All applications for enrollment in the TISD Community Involvement Program must be completed and returned to the TISD Administration office, 300 N. Main Thorndale, TX or emailed to [lindsay.franklin@thorndale.txed.net](mailto:lindsay.franklin@thorndale.txed.net), no later than **August 23, 2019**.
- Your signature at the bottom of this application authorizes TISD to complete a criminal background check. (Required for participation in this program)
- Applicants must be 18 years of age or older to be considered. Space is limited. In the event that all spaces are filled, a waiting listed will be established for cancellations and openings in future Community Involvement classes.
- Applicants will be notified of acceptance by September 6, 2019. The 2019 - 2020 Community Involvement class will meet once in September, December, February and April.
- For more information, please contact Lindsay Franklin at [lindsay.franklin@thorndale.txed.net](mailto:lindsay.franklin@thorndale.txed.net) or at 512-898-2538.

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address (include P.O. Box if applicable):** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please list any current or past involvement with the Thorndale ISD schools (parent, volunteer, school board member, employee, guest speaker, PTO officer, attendee at school board meetings, etc.).

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**What do you hope to learn from taking this course and how do you anticipate using this information?**

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\_\_\_\_\_ I am able to commit to attending and participating in all sessions.

*Initial to agree*

\_\_\_\_\_ I understand that acceptance into the TISD Educational Advocate Program is for myself only and I will not be able to bring children or other guests to the sessions.

*Initial to agree*

Please provide the TISD with the following information so that we may complete a background check as part of the application process.

Driver's License Number: \_\_\_\_\_

State Driver's License is Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full, Legal Name (print clearly): \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_ Date: \_\_\_\_\_

*Please print and return or email this application to:*

*Thorndale ISD  
Att: Lindsay Franklin  
300 N. Main St.  
Thorndale, TX 76577*

*OR*

*Lindsay Franklin - [lindsay.franklin@thorndale.txed.net](mailto:lindsay.franklin@thorndale.txed.net)*

**Office Use Only:**

**Date Returned:** \_\_\_\_\_

**Background Check:** Y N