

RCSD PARENT ADVISORY COUNCIL APPLICATION

(To be submitted by Candidate, Parent Organization Representative or School Principal/Administrator)
(Self-Nominations Welcomed)

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF CHILD(REN)	SCHOOL CURRENTLY ATTENDING:
_____	_____
_____	_____
_____	_____

Please provide a brief description of the parent's school involvement.

- _____ SBPT
- _____ PTA/PTO/PTSA Role: _____
- _____ School Volunteer, How _____
- _____ Other _____

Please tell us why you are interested in serving on the Parent Advisory Council?

For the Nominator only:

Please tell us why you are nominating this person to serve on the Parent Advisory Council:

Has the parent been, or is currently, a vendor or contractor with RCSD? _____ Yes _____ No
If yes, please describe status, nature and extent of the business.

NOTE: Only parents and legal guardians of students currently attending the Rochester City School District, who are not employees of the Rochester City School District, will be allowed to serve on the Parent Advisory Council.

Parent Organization Representative

Principal/Administrator

***Signatures required for application to be complete and accepted.**

Submit forms to: parentadvisorycouncil@rcsdk12.org or fax to: 935-7478.
Questions? Please call the Office of Parent Engagement at (585) 324-9999.