



LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
**APPLICATION FOR  
ADVISORY COMMITTEE APPOINTMENT**

**Advisory Committee Interest:**  Attendance Boundary Committee  Career & Technology Education  Citizen's Bond  Districtwide Student Improvement Committee  Health Education Advisory  Safety Through Resistance and Teaching  Special Education  Technology Advisory

**Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
City State Zip

**Telephone:** \_\_\_\_\_  
Day Evening Fax

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

**Date of Birth:** \_\_\_\_\_ **Length of Residence in LCISD:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
City State Zip

**Parent of current student:**  yes  no If yes, name of campus/campuses your student/students attend: \_\_\_\_\_

If no, name of campus closest to your home: \_\_\_\_\_

**Community Interests and Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be expected to attend all committee meetings. Committee members that miss more than three (3) consecutive meetings may be replaced.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Return to** LCISD Community Relations, 3911 Avenue I, Rosenberg, TX 77471 or fax 832-223-0331 or email to [cwillman@lcisd.org](mailto:cwillman@lcisd.org)