

NOMINATION FORM

DISTRICT ADVISORY COMMITTEE

Term Expires: January 31, 2011

*Applicants may apply for only one position.
Indicate position desired by checking the
appropriate category as listed below.*

- Place 16, Special Education Parent** – The individual appointed MUST be a parent of a special education student enrolled in the Fort Worth ISD. (It is important to note that parents may only serve in the role of a parent; parents may not be appointed as community or business representatives.)
- Place 21, Business Representative** – The individual appointed may not be a parent of a Fort Worth ISD student and need not reside in the District, nor must the business be located in the District. The only criteria is that he or she be a representative of business.

*Note: Fort Worth ISD employees are not eligible to serve as parent, community or business representatives.
Whom do you wish to nominate?*

Nominee's name _____

Nominee's home address _____

Nominee's daytime phone _____

Nominee is eligible to be appointed in Place _____, as a _____ representative

Why do you think this individual should be considered for appointment?

Name of person or group making nomination _____

Address of person/group _____

Phone of person/group _____

Signature of person/group making nomination

date

Nominee must indicate by his/her signature agreement to serve if selected.

Nominee must also fill out and provide information required on application form.

Nominee signature (required)

date

Resume, nomination form and any supporting documents must be received by:

Executive Director, Parent and Public Engagement

Fort Worth Independent School District

100 N. University Dr., Suite NW260, Fort Worth, Texas 76107-1360

on or before 5:00 p.m. on Tuesday, February 10, 2009.

The Board of Education will select an appointee for the places listed above.



Fort Worth
INDEPENDENT SCHOOL DISTRICT

APPLICATION FORM

DISTRICT ADVISORY COMMITTEE

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Directions: Please complete in black ink or type. Use additional sheets if necessary.

I. Mr. Mrs. Ms. Dr. Rev.

Name (please print or type) _____

Home address _____

Telephone: (home) _____ Telephone: (office) _____

E-mail address: _____

II. Eligibility Questions

a. Do you have children in FWISD? Yes No

Name of school(s)/program _____

b. Do you live in FWISD? Yes No

c. Are you 18 years or more of age? Yes No

d. Are you a current FWISD employee? Yes No

e. Are you related by blood or marriage to any FWISD employee? Yes No

If yes, please describe _____

III. Education Background

High School _____ Year Graduated _____

College/University _____ Degree Yes No

Special Training _____

IV. Work Experience

V. Civic Membership

VI. Volunteer Activities

VII. Briefly describe why you would like to be appointed to the District Advisory Committee.

VIII. Please provide a resume with this document.

IX. Voluntary Information to ensure ethnic/cultural/gender diversity of committee:

- | | |
|---|--|
| <input type="checkbox"/> Anglo | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

X. The nominee certifies that he/she meets all eligibility requirements for the Place for which he/she may be appointed.

Signature required

Date