

**SCHOOL ADVISORY COUNCIL
APPLICATION FORM**



Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: () _____ - _____ Number of children in MRMS: _____

E-mail Address: _____

Experience on school committees:

Please return this application form to:
Kim McClendon, Principal's Administrative Assistant
Mountain Ridge Middle School
(719) 234-3212
Fax (719) 234-3399
Email: Kimberly.mcclendon@asd20.org