

**Tacoma Public Schools
HEAD START**

**Head Start Policy Council
Application for Community Representative**

Date: _____ Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Is it OK to call you at work? ___Yes ___No

Did you serve on the Policy Council as a parent? ___Yes ___No

Please give a brief description of how you or your agency would benefit the Head Start Program and its families.

What is your personal interest in the Head Start program?

Are you related to anyone in the Tacoma Public School District? ___YES ___NO

If yes, how are you related? _____

Are you employed by the Tacoma Public School District? ___YES ___NO

Thank you for your application.