



Campus Improvement Team (CIT)
Official Lottery 2024-25 Application Form
Community Representative

Name _____

Address _____

Home Telephone _____ Cell Telephone _____

Business Telephone _____ E-Mail Address _____

*I understand that if I am selected to serve, I will be expected to commit time to both training and meetings with the Campus Improvement Team. *I further understand that a “community representative” is defined as “a person 18 years of age or older residing in the attendance area of this school, but not a person who is a parent of a student enrolled in this school or a person who is an employee of this school or school district. *I understand that if I am elected/selected by lottery to serve on a CIT, *I may serve on only one Campus Improvement Team at a time.*

This completed application form is due according to campus procedures on February 26, 2024.

Signature _____