

## Application for the Citizens' Oversight Committee

☐ Measures L, EE☐ Measure CL

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_

**Which Representative Position(s) are you interested in? (please mark all that apply)**

- ☐ Business Representative    ☐ Senior Citizen Group Representative    ☐ Taxpayer Organization Member  
☐ Parent / Guardian of Child Enrolled in District    ☐ Parent / Guardian of Child Enrolled in District & Active in PTA  
☐ At-Large Community Member – Resident of LESD

**Why do you want to serve on the Citizens' Oversight Committee?**

**Do you have any special area of expertise or experience that you think would be helpful to the committee?**

**If you have served on other school district, city or community committees, please list and briefly describe your role:**

**Please note any additional information you feel should be considered as part of your application:**

**Signature of Applicant**

All answers and statements in this document are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application to LESD by one of the following methods:**

By mail or in person:

Lawndale Elementary School District | Attn: Blanca Romero | 4161 W. 147th Street, Lawndale, CA 90260

By email: [blanca\\_romero@lawndalesd.net](mailto:blanca_romero@lawndalesd.net)