

BOARD OPERATIONS GUIDELINE

ALLENTOWN SCHOOL DISTRICT

APPROVED:

REVISED:

004-BOG-2. BOARD OF SCHOOL DIRECTORS APPLICATION FORM

Name: _____

Address: _____

Home Telephone Number: _____

Office Telephone Number: _____

Fax Telephone Number: _____

Email Address: _____

Do you currently have children in the _____ School District? Yes No

Have you ever had children enrolled in the _____ School District?
 Yes No

Have you served on any district/school committees or participated in any district-sponsored activities? No Yes If yes, please list:

Are you involved in any community activities or service organizations? No Yes
If yes, please list:

What qualities, talents, or experience would you bring to the Board?

Signature

Date