

ST. HELENS SCHOOL DISTRICT BUDGET COMMITTEE APPLICATION

Please complete and return by mail or in person to the St. Helens District Administration Office, 474 North 16th Street, St. Helens, OR 97051.

(Last) _____ (First) _____ (Middle) _____

Business Address _____

Business Phone _____

Home Address _____

Home Phone _____

Occupation _____

Email Address _____

Number of years residing in the St. Helens School District _____

Do you have children attending St. Helens Schools? _____

If yes, which schools? _____

Have you worked on any school committees? _____

If so, which committees? _____

Other community or business activities _____

What qualifications do you have that will help you to be a member of the Budget Committee? _____

Signature _____

Date _____