Madison County School System
Desegregation Advisory Committee
Parent Application

Section I: Parent Information

Applicant Name: _____

Address: _____
Street *City* *State* *Zip*

Home Phone:_____Cell Phone: _____

Email Address:_____Race:_____Gender: _____

Occupation:_____Employer: _____

Do you request any special accommodation to complete this application?_____Yes_____No

If Yes, please explain:

Names of Your Children Who Attend the Madison County School System:

Student Name	10 Digit Student ID	School For 2024-25 ***and Grade***	School For 2025-26 ***and Grade***
Example Student	1923456780	ABC Middle School Grade 8	DEF High School Grade 9

Do you have any children who have graduated from the Madison County School System?

If YES, please list the student name, graduation year, and school.

Please check which term you are interested in applying for:

1 Year Term ☐

2 Year Term ☐

Section II: Parent/Guardian Involvement and Interest

Please answer the following questions by typing or writing your answer. You may attach additional pages, as needed.

1. Please share information about your involvement in activities or organizations that support our schools and/or community.

2. How do you believe you can contribute to the goal of enhancing equity and student learning by serving on the DAC?

3. What perspectives and skillsets would your participation bring to the DAC?

4. How do you think the DAC can help generate interest and feedback about the Madison County School System's implementation of the Consent Order? How would you help the DAC accomplish this goal?

Part III: Statement of Impartiality and Commitment

Check the statement(s) that apply:

_____ I have no potential **financial** or **professional** conflict of interest with the Madison County School System.

_____ I have/may have a **financial** conflict of interest with the Madison County School System (such as currently serving or previously having served as a contractor for the District or having a family member who is or was a contractor for the District). Please describe the conflict. If the conflict involves a family member, please also provide the family member's relation to you. Family member is defined as spouse, child, sibling, parent, or grandchild.

_____

_____

_____

_____ I have/may have a **professional** conflict of interest with the Madison County School System (such as being a current or former employee of the District or having a family member who is or was a District employee). Please describe the conflict. If the conflict involves a family member, please also provide the family member's relation to you. Family member is defined as spouse, child, sibling, parent, or grandchild.

_____

_____

_____

I affirm that I am willing to serve as a member of the Desegregation Advisory Committee. If selected, I will serve to the best of my ability and will dedicate the time necessary to make a positive contribution to this leadership committee.

Parent
Signature:_____Date:_____
Parent Name (Print): _____

Parent Contact Information: Tel:_____Email:_____

Please submit applications by mail to Ms. Marcia McCants at 1275 Jordan Road, Huntsville, AL 35811, or via email to: dac@madison.k12.al.us.

Applications are due by July 1, 2026.

To allow the School District, the Private Plaintiffs, and the United States to select members of the Desegregation Advisory Committee, information provided by applicants will be disclosed to the Superintendent, the Board of Education, board attorneys, attorneys for the plaintiffs, and attorneys for the United States and may be subject to public disclosure. Student information protected by the Family and Educational Right to Privacy Act (FERPA) is not subject to public disclosure.