

**MANHASSET UNION FREE SCHOOL DISTRICT CITIZENS ADVISORY
COMMITTEE - APPLICATION FORM**

(Please Print)

Committee you are applying for: _____

Your Name: _____

Address: _____

Email Address: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Briefly state why you would like to serve on this committee and what you hope to accomplish as a committee member:

Briefly state skills or attributes you possess that would be an asset to this committee:

Grade/School attended by children (if any):

I have read the committee by-laws and acknowledge that, if selected, by accepting an appointment to a Citizens Advisory Committee that I will pursue the mission of the committee and abide by its by-laws and by District policies governing Citizens Advisory Committee members.

Signed: _____ Date: _____

Please return by email to: districtclerk@manhassetchools.org 516-267-7724

Or by mail to: District Clerk, Manhasset Public Schools
200 Memorial Place
Manhasset, NY 11030