

**NORTH SHORE CENTRAL SCHOOL DISTRICT - BOARD OF EDUCATION
CITIZEN'S ADVISORY COMMITTEE FOR LEGISLATIVE ACTION ("LAC")**

APPLICATION FORM
(provide additional pages as necessary)

Your Name: _____ Address: _____

Occupation: _____

Telephone: Home: _____

Work: _____ Email: _____

Mobile: _____ Recommended By: _____

(if applicable)

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 experience you possess that would be an asset to this Committee:

Please describe your connection(s) to the North Shore Central School District (*i.e. parent, current or former employee, committee served, interested citizen, etc.*). Please include approximate dates:

I have read the By-Laws of "LAC" and acknowledge that, if selected, by accepting an appointment to "LAC", I will pursue the mission of the Committee and abide by its By-Laws and by District policies governing all Citizen's Advisory Committee members.

Signed: _____ Date: _____

Please return this form to: Board of Education
North Shore Central School District
112 Franklin Avenue
Sea Cliff, NY 11579