



Lakeville

AREA PUBLIC SCHOOLS

Teaching & Learning Advisory Council Application

Name

Work Phone

Home Phone

Cell Phone

Address

E-mail

Have any of your children attended District 194? Yes No

Do you currently have children attending District 194 schools? Yes No

If yes, please specify each child's school, grade and gender:

School	Grade	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
School	Grade	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
School	Grade	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
School	Grade	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F

Why are you interested in serving on the [Teaching & Learning](#) Advisory Council and what do you want to accomplish as a member?

What current or past involvement have you had with programs, activities, committees, etc., at the school, district or community level in this and/or other school districts?

How did you hear about the [Teaching & Learning](#) Advisory Council?

What do you believe are the current educational issues?

What expertise do you bring to the committee?

Signature

Date

| The [Teaching & Learning](#) Advisory Council usually meets at least five evenings per school year. Subcommittee meeting dates vary. Membership terms are three years.

Please return this application to:

| Dr. Emily McDonald
[Executive](#) Director of Teaching & Learning Services
Lakeville Area Public Schools
8670 210th Street West
Lakeville MN 55044

Thank you for your interest!