

**2014-15 KCS DISTRICT ADVISORY COUNCIL (DAC)
SCHOOL PARENT REPRESENTATIVE INTEREST FORM**
*I am interested in beginning/continuing service as a 2014-15
DAC Parent Representative for the school(s) identified below.*

**Knox County Schools
Family and Community Engagement District Advisory Council (DAC)
DAC Parent Representative Form**

<p align="center">Title</p> <input type="checkbox"/> Official School Parent Representative (2 per school) <input type="checkbox"/> Additional/Substitute Parent Representative <input type="checkbox"/> Temporary KCS Staff Representative and Parent of KCS Student <input type="checkbox"/> I may also be interested in serving as a district leader. Please send information, when available, for my review.	<p align="center">Name <i>(Please include Mr., Mrs., or Ms.,)</i></p>	
<p>Name of School(s) You Represented During the 2013-14 Year (IF APPLICABLE) <i>(Please include "Pre-School," "Primary," "Intermediate," "Elementary," "Middle," and "High" school levels):</i></p>		
<p>Name of School(s) You WOULD LIKE TO Represent 2014-15 <i>(Please include "Pre-School," "Primary," "Intermediate," "Elementary," "Middle," or "High"):</i></p>		
<p>Please Check All That Apply</p> <input type="checkbox"/> I have or will communicate my interest in serving in the above capacity/capacities to the principal(s) of the above school(s). <input type="checkbox"/> I was recruited by the School Principal, Assistant Principal or other Designated School Staff Member to serve this year. <input type="checkbox"/> I was recruited/recommended by a School Parent Representative or the Knox County Council PTA to serve this year. <input type="checkbox"/> Other: _____		
Street Number	Street Name	Apt. #
City	State <i>Tennessee</i>	Zip Code
Mobile:	...Or Home:	...Or Work:
Email 1 (TYPE or PLEASE PRINT LEGIBLY):		
Email 2 (TYPE or PLEASE PRINT LEGIBLY):		

- *I am the parent/guardian of a child/children who currently attend(s) the above school(s).
- *I am not an employee of Knox County Schools.
- I am a parent of a KCS student, and also a KCS employee who is willing to serve as a temporary school representative until the principal identifies and appoints a parent representative who meets the above qualifications.
 KCS Employees: Location/Site: _____ Position: _____

Signature _____ Date: _____

Thank you!

Please EMAIL to tracey.matthews@knoxschools.org, MAIL interoffice to T. Matthews, AJB, M-109,
or FAX to 865-594-1627 **ATTN: Tracey Matthews**

*Qualifications for Official School Parent Representatives, Additional Representatives, and Representative Substitutes