**Family Advisory Council (FAC)**
**FAC Representative Recommendation Form**
**2017-2018**

**Complete and Submit**

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Print - First, Last name)</th>
<th>School Name: (Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

**School Level (Check 1 applies)**

- [ ] Elementary  
- [ ] Middle/Intermediate  
- [ ] High school  
- [ ] Other: ___________________________

**Address (mailing address, city, zip)**

**Email:**

**Please Check All That Apply**

- [ ] I have been recommended and approved by a School Principal, Assistant Principal, or other Designated School Staff Member.  
- [ ] I have or will communicate my interest in serving as a school FAC Parent Representative to the principal(s) of the above schools and will ask him/her to communicate approval to the FAC Facilitator/Ombudsman (Tammi Campbell).  
- [ ] I have been recruited/recommended by________________________________________________________ (list name of person recommending)  
- [ ] Other: ________________________________________________________________  

**Contact Phone#**

<table>
<thead>
<tr>
<th>Cell:</th>
<th>Home:</th>
<th>Work:</th>
</tr>
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<tbody>
<tr>
<td>) ______ - _______________</td>
<td>) ______ - _______________</td>
<td>) ______ - _______________</td>
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</tbody>
</table>

**Administrator Approval**

- [ ] Yes –I approve this parent to serve as FAC representative.

**FAC Representative for:**

- [ ] District 1  
- [ ] District 6  
- [ ] District 2  
- [ ] District 7  
- [ ] District 3  
- [ ] District 8  
- [ ] District 4  
- [ ] District 9  
- [ ] District 5  
- [ ] Other: ____________

**ELIGIBILITY REQUIREMENTS (Check all that apply)**

- [ ] I am a parent/guardian of a child/children who attend(s) the above school(s).  
- [ ] I can attend the scheduled FAC meetings monthly. (Nov.30, Dec. 14, Jan.18, Feb. 1, Mar. 1, April 12)  
- [ ] I am interested and willing to serve as a FAC Parent Representative for the school/district identified, and understand the expectations and responsibilities as a Family Advisory Council member.

**Parent Signature__________________________ Date:__________________________**

Approved by FAC Facilitator/Ombudsman- **Tammi Campbell** ________ (int)  
Date __________________________