



Avon Maitland District School Board Parent Involvement Committee Application Form

Name _____

Address _____

Municipality _____

Home Phone _____ Cell Phone _____

Email _____

I am a (check all that apply):

- Parent/Guardian of a child in elementary school at AMDSB
- Parent/Guardian of a child in secondary school at AMDSB
- School Council member
- School Council chair

School council membership is not a requirement to participate

My child(ren) currently attend(s) (if applicable):

School _____ Grade(s): _____

School _____ Grade(s): _____

I currently volunteer (check all that apply):

- At a school as _____
- At a community agency
- Other _____

Briefly describe the strengths and interests you have which would support your participation on the Avon Maitland District School Board Parent Involvement Committee: