

PARENT INVOLVEMENT COMMITTEE

Community Representative Application Form

Committee. Please complete this application form and return it to:

Judy Hill
Office of the Director
Lakehead Public Schools
2135 Sills Street
Thunder Bay, ON P7E 5T2
Fax: 622-0961
Email: jhill@lakeheadschoools.ca

We will confirm receipt of your application by email. Thank you again for your interest.

Date: _____

Name: _____

Address: _____

Home
Phone: _____

Email: _____

Employer: _____
(if applicable)

The one-year term for this position is effective 0 0 1 10828.21 Tm0 g0 G)JTJETQ.00000912 0 612 cN5

PARENT INVOLVEMENT COMMITTEE

Community Representative Application Form Page 2

Please provide a brief summary of your:

Community Involvement

Skills and Interests

School Involvement (if applicable)

Deadline for Applications: Monday, September 25, 2023.