



St. James
CATHEDRAL SCHOOL

SCHOOL ADVISORY BOARD APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell: _____

Email Address: Home: _____ Work: _____

I am interested in serving a: 2 year term 3 year term

Do you have any children presently attending St. James Cathedral School?

Yes No If yes: Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Are you an alum of SJCS? circle one: Y N Graduation Year or Years Attended: _____

Are you a Panther Parent alum? circle one: Y N

Past Service/Experience/Activities:

Describe relevant information that you believe reveals your ability to serve successfully on our School Advisory Board.

I, the undersigned, certify that I meet all eligibility requirements indicated for this position and that if selected I will accept responsibilities of a School Board member and that I will work cooperatively in strictest confidence with others for the good of the school and the parish community.

Signature

Date

Please submit this application along with a resume to SAB@stjcs.com. Thank you!