TEHACHAPI UNIFIED SCHOOL DISTRICT
APPLICATION FOR FACILITIES ADVISORY COMMITTEE APPOINTMENT

Uncompromising Excellence

Date

Last Name First Name MI

Mailing Address City State Zip

Email Address

Telephone No. (Day) Telephone No. (Evening)

Date of Birth Length of Residence in TUSD

Occupation Employer

Business Address

☐ I have a child attending TUSD schools. If checked, please indicate which school(s),

Educational background that could be beneficial to this board committee:

LIST COMMUNITY INTERESTS AND ACTIVITIES

Organization:	Activity:

*You may attach a resume or additional information

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Return to: Superintendent's Office, 300 S. Robinson St, Tehachapi, CA 93561

Note: Applications will be retained for a period of two years only.

Please mark one: I am a

☐ Parent ☐ Community Member ☐ TAT Member ☐ CSEA Member

☐ TUSD Confidential/Management ☐ Student

I understand that I will be required to attend regular meetings of the committees and that members are expected not to miss more than three (3) consecutive regularly scheduled meetings.

SIGNATURE _____ **DATE** _____