

Instructional Materials Committee Parent and Community Application

Name: _____ **Phone(s):**
Address: _____ **Work** _____
_____ **Home** _____

My Child(ren) attends:

Level:	Child's Name:	School:
_____ Elementary	_____	_____
_____ Junior High	_____	_____
_____ High School	_____	_____

Please complete the two following statements in the space provided below:

I would like to serve on this committee because...

The expertise or perspective I would bring to this committee is...

Submit to:

*Puyallup School District
Department of Instruction, Learning, Curriculum, and Assessment
302-2nd Street S.E.
Puyallup, WA 98371*