



The School District of Philadelphia
Office of Family and Community Engagement



School Advisory Council Application

Please fill out this form to apply for a seat on the School Advisory Council. **Applications must be submitted online**—if you do not have access to a computer or are unfamiliar with computers, please give your Paper SAC Application to the SAC point person in your school. Thank you ☺

Please only use this form if you are unable to submit your application electronically at www.philasd.org/sac.

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO COMPLETE YOUR APPLICATION.

1. Name of the school on whose School Advisory Council you would like to serve (list only one):

2. Which group will you represent on the School Advisory Council (choose only one)?

- Student
- Parent/Family Member
- Community Member
- Community Member / Organization _____ (Name of the Organization)
- School Staff

2a. If you seek to serve as a Parent / Family member, please provide information about your child/children. (To serve as a parent/family member, you must have a child currently attending the school you are applying for.)

Name of Child: _____ Relationship: _____

Name of Child: _____ Relationship: _____

Name of Child: _____ Relationship: _____

3. Candidate Bio (up to 200 words)

Use the space below to explain why you would like to serve on the SAC. If your school has more applicants than the number of SAC seats available for the stakeholder group you represent, this Bio will become a part of the Candidate Information Sheet designed to introduce the candidates during the election process.

Turn the page to continue >>>

4. Candidate Signature

By signing below I certify that:

- The information I have provided is true and accurate to the best of my knowledge.
- That I have no conflicts of interest and no affiliations with any organizations providing or seeking to provide services paid for by the school.
- I understand that as a SAC candidate, my name and Bio will be a part of the public record.

Applicant Signature: _____ Date: _____

Thank you for your interest in being a part of the SAC!

For additional information please contact your school, visit www.philasd.org/sac, call the Office of Family & Community Engagement at 215.400.4180 or e-mail sac@philasd.org.