

LAWRENCE PUBLIC SCHOOLS Equity Council Application for Membership

Date:		
Name:		
Address, City	, State, Zip: [
Home & Dayt	ime Phone:	
Email Addres	s:	
Occupation/Jo	ob Title:	
How long hav a resident of l		
Elementary/Ju	ınior High/Hig	gh School attendance area in which you live:
List Lawrence	school or civ	ic activities in which you have participated:
Briefly explain	ı why you war	nt to serve, including expertise you could provide to the Equity Council:

Contact Anna Stubblefield, division director of human resources, at 785/832-5000, with questions about the Equity Council.

Please complete form, use File/Save As to save your changes, and email the attachment to: jboyle@usd497.org **Applications must be received by 5 p.m. on September 28. Applications become a matter of public record.** Lawrence Public Schools, 110 McDonald Drive, Lawrence, KS 66044, Ph: 785/832-5000, Fax: 785/832-5020, www.usd497.org