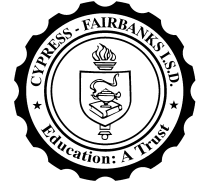


Cypress-Fairbanks ISD School Health Advisory Council Membership Application



Cypress-Fairbanks ISD
10300 Jones Road
Houston, Texas
77065

Name:	
Address:	
State:	
Zip/Postal Code:	
Employer/Organization:	
Email:	
Home Phone:	
Cell Phone:	

Date:

Ethnicity (Optional: requested to ensure diversity)

- African American
- Hispanic
- White
- Other

Are you a parent or legal guardian of a student enrolled in CFISD?

- yes
- no

Which Campus?

Are you an employee of CFISD?

- yes
- no

Which Campus?

Briefly describe why you would like to participate on the SHAC:

Thank you for your interest in the Cypress-Fairbanks ISD School Health Advisory Council. SHAC members will be asked to make a 2 year commitment and to attend a minimum of 4 meetings per year.

Please email your application to Christiane Bernal at brittachristiane.bernal@cfisd.net or fax at 281-517-2107.