

Lufkin ISD "SHAC" ~ School Health Advisory Council

Membership Application

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Employer/Organization: _____ Work Phone: _____

Work Address: _____ City: _____ Zip: _____

Email: _____

Please check all that apply:

Ethnicity (optional): Hispanic _____ Non-Hispanic _____

Race (optional): African American _____ Hispanic _____ White _____ Other _____

Are you an employee of LISD? (If yes, which location): _____

I have a child currently enrolled in LISD: Yes/campus _____ / _____ No _____

I prefer to be contacted at: Work _____ Home _____

Are you representing: Employer/Organization _____ Self _____

Briefly describe how you and /or your organization assist in the health and well-being of LISD students:

Check areas of interest:

_____ Health Education _____ Physical Education _____ Health Services

_____ Nutrition Services _____ Counseling, Psychological & Social Services

_____ Healthy/Safe School Environment _____ Health Promotion for Staff

_____ Parent & Community Involvement

Fax, Email or Mail application to: (936) 632-7209

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Jan Fulbright

LISD Director of Health Services

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Thanks for your interest in the LISD SHAC