

Horizon Academy West Equity Council Member Application

(please print)

Applicant Name:		
Email Address:		
Cell Phone:		
Work Phone:		
Job Title (if applicable)		
Home or mailing address:		
Students at Horizon	Name of student (first last)	Grade
1		
2		
3		
4		
5		
Horizon Academy West community affiliations, if any (PTO, parent, parent volunteer, employee, board member, etc.):		
Reason for applying:		
Demographics: My family associates with the following: (optional to answer - but taken into consideration for equitable representation)	<input type="checkbox"/> economical disadvantage <input type="checkbox"/> student receiving special education <input type="checkbox"/> English Learners/Bilingual <input type="checkbox"/> Native American Heritage Other: _____	
Interested in:	<input type="checkbox"/> 3 year term <input type="checkbox"/> 4 year term <input type="checkbox"/> other (specify yearly commitment – 1,2, etc.)	
	<i>Thank you for you for your interest in serving on the Horizon Academy West Equity Council. Selected members will be notified by December 18 or early.</i>	

Please return application form to your child's teacher to turn in to the Dean of Students or email to fmendoza@hawest.net in care of **Fatima Mendoza**. Thank you for your interest.