



# Lawton Chiles High School School Advisory Council (SAC)



## ANNUAL MEMBERSHIP APPOINTMENT FORM 2024-25

This information is necessary for Council membership and to certify that individuals are eligible and willing to serve in accordance with the Council's by-laws.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

\_\_\_\_\_ (cell)

E-mail \_\_\_\_\_  
(please print clearly)

1. My child(ren) attend(s): School: \_\_\_\_\_
- a. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Grade: \_\_\_\_\_
- c. Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. My appointment to the SAC will be:

- a. Parent : \_\_\_\_\_
- b. Business Community Leader (*Name Business*): \_\_\_\_\_
- c. Teacher: \_\_\_\_\_
- d. Support Staff: \_\_\_\_\_
- e. Other: \_\_\_\_\_
- f. DAC Rep: \_\_\_\_\_

I confirm that I (1) am a resident of Leon County, Florida; (2) will represent the school or official indicated; and (3) understand that my term on the School Advisory Council will expire on 31 August 2025.

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Appointing Official

\_\_\_\_\_  
Date

[ ] I will not be renewing my membership appointment for the 2024-25 school year. Initials: \_\_\_\_\_

Return completed form to email to [millern3@leonschools.net](mailto:millern3@leonschools.net)  
If you have any questions, please contact Nicola Miller (850) 488-1756