



School Advisory Council Membership List

School Year: _____

School Name: _____ Date: _____

Location #	Principal Name	School Address	School Phone	Email	Ethnicity

Check if New	Teacher Name	Email Address	Phone	Teaching Assignment	Ethnicity
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Check if New	Parent Name	Address/City/Zip	Phone	Check if Free & Reduced Lunch	Ethnicity
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	

School Advisory Council Membership List

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School Name: _____

Check if New	Career Service Name	Address/City/Zip	Phone	ACPS Position/Title	Ethnicity
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Check if New	Citizen Name	Address/City/Zip	Phone	Check if Low SES	Ethnicity
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	

Check if New	Student Name	Grade	Address/City/Zip	Phone	Check if Free and Reduced Lunch	Ethnicity
<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>					<input type="checkbox"/>	
<input type="checkbox"/>					<input type="checkbox"/>	

Principal Signature

Date

SAC Chair Signature

Date