

# SCHOOL COMMITTEE MEMBERSHIP

Print Form

In order for our records to be complete and accurate, kindly provide the following information:

School District Name: \_\_\_\_\_ District Telephone#: \_\_\_\_\_ District Fax#: \_\_\_\_\_  
*(Please, spell out the name of your district, **no abbreviations**)*

School District Address: \_\_\_\_\_ Superintendent: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Superintendent's Secretary: \_\_\_\_\_ Email Address: \_\_\_\_\_

**School Committee Members:**

Name	Address (Street, City, Zip)	Telephone # Home	Telephone # Work	Alt#	Fax#	Email Address	Yr. First Elected(YYYY)	Current Term (MM/YY)	Term Ends (MM/YY)

Chairman: \_\_\_\_\_ Vice Chair: \_\_\_\_\_ School Committee Secretary: \_\_\_\_\_

\*\*Please also provide us with the name(s) of those who are no longer serving on the committee as a result of this year's election.

*(Please Print Clearly)*