Submit Print Form

SCHOOL COMMITTEE MEMBERSHIP

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)*