

**Houston ISD
School Health Advisory Council
Membership Application**

Name:		Home Phone:		Date:	
Address:		City:		Zip:	
Employer/Organization:		Work Phone:		Cell:	
Work Address:		City:		Zip:	
Email:					
Race/Ethnicity:(optional):		<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other
Are you an employee of HISD? (if yes, which location):					
Were you recommended by an HISD Board Trustee (not required): <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, which one?					
*Did the Board Trustee appoint you to represent their district on the SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*(You must be an HISD parent that does not work for the district to be appointed by the Board Trustee.)					
I have a child currently enrolled in HISD:		<input type="checkbox"/> Yes	If yes, Where:		
		<input type="checkbox"/> No	Grade:		
I may be contacted at:		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Email
Are you representing:					
<input type="checkbox"/> Parent		<input type="checkbox"/> Teacher		<input type="checkbox"/> Student	
<input type="checkbox"/> School Administrator		<input type="checkbox"/> Health Organization		<input type="checkbox"/> Health Care Professional	
<input type="checkbox"/> Senior Citizen		<input type="checkbox"/> Higher Education		<input type="checkbox"/> Business Community	
				<input type="checkbox"/> Law Enforcement	
				<input type="checkbox"/> Clergy	
Name of Affiliate/School/Organization: _____					
Briefly describe how you and/or your organization assists in the health and well-being of HISD students:					

SHAC members are required to be on a subcommittee.

Visit our website, <https://www.houstonisd.org/Page/41656>, (under About us, click on Get Involved, click on Advisory Committees, Click on School Health Advisory Council and Committees) to review each committee and their role.

Please check your areas of interest:

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|--|---|--|---|
| <input type="checkbox"/> Family Engagement | <input type="checkbox"/> Physical Education/
Physical Activity | <input type="checkbox"/> Social Services and
Emotional Wellness | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Nutrition Service | <input type="checkbox"/> Health Services | <input type="checkbox"/> Staff Wellness | <input type="checkbox"/> Safe and Healthy |
| <input type="checkbox"/> Student SHAC | <input type="checkbox"/> School/Physical Environment | <input type="checkbox"/> Community Involvement | |

FAX OR E-MAIL YOUR APPLICATION TO:

Felicia Ceaser-White, Manager
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 HISD Secondary Health/Physical Education
 4400 W. 18th St
 Houston, Texas 77092
 FAX: 713-556-6898