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):  
[ ] African American  [ ] Hispanic  [ ] White  [ ] Other

Are you an employee of HISD? (If yes, which location):

Were you recommended by an HISD Board Trustee (not required):  
[ ] Yes  [ ] No
If so, which one?

I have a child currently enrolled in HISD:  
[ ] Yes  If yes, Where: ___________________________
[ ] No

I may be contacted at:

[ ] Home  [ ] Work  [ ] Cell  [ ] Email

Are you representing:

[ ] Parent  [ ] Teacher  [ ] Student  [ ] School Administrator
[ ] Health Organization  [ ] Health Care Professional  [ ] Business Community  [ ] Law Enforcement
[ ] Senior Citizen  [ ] Higher Education  [ ] 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, http://www.houstonisd.org, (under Related Links, click on HISD Advisory Committees, Click on School Health Advisory Council and Committees) to review each committee and their role.

Please check your areas of interest:

[ ] Family/Community Involvement  [ ] Physical Education  [ ] Social Services and Emotional Wellness
[ ] Nutrition Service  [ ] Health Services  [ ] Staff Wellness
[ ] Health Education  [ ] Safe and Healthy School Environment  [ ] Student SHAC

FAX OR E-MAIL YOUR APPLICATION TO:
Felicia Ceaser-White, Manager  
fceaserw@houstonisd.org
HISD Secondary Health/Physical Education  
4400 W. 18th St  
Houston, Texas 77092  
FAX: 713-556-6898