



PARENT COMMITTEE MEMBERSHIP APPLICATION

Name: _____

Please select: Parent/Guardian Student Teacher Tribal agency member
 Community member

Address: _____ City/State/Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email: _____

Parent/Guardian:

Name(s) of tribe(s)	
Number of children attending MPS	
Children's names	Names of schools

Student:

Name(s) of tribe(s)	
Name of school	

Teacher:

Name of school	
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Tribal Agency Member:

Name of tribal agency	
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Community Member:

Name of agency	
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By signing I affirm I am not Title VI paid staff, contractor, consultant, or a school administrator. I wish to become a voting member of the First Nations Studies Parent Committee. I will attend its meetings and actively participate in them.

_____ Member Signature

_____ Date