

Lufkin ISD "SHAC" ~ School Health Advisory Council

2021-2022 Membership Application

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Employer/Organization: _____ **Work Phone:** _____

Work Address: _____ **City:** _____ **Zip:** _____

Email: _____

Please check all that apply:

Ethnicity (optional): Hispanic _____ Non-Hispanic _____

Race (optional): African American _____ Hispanic _____ White _____ Other _____

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

I have a child currently enrolled in LISD: Yes/campus _____ / _____ No _____

I prefer to be contact at: Work _____ Home _____

Are you representing: Employer/Organization _____ Self _____

Briefly describe how you and /or your organization assist in the health and well-being of LISD students:

Check areas of interest:

_____ Health Education _____ Physical Education _____ Health Services

_____ Nutrition Services _____ Counseling, Psychological & Social Services

_____ Healthy/Safe School Environment _____ Health Promotion for Staff

_____ Parent & Community Involvement

Send application by:

Email: jfulbright@lufkinisd.org

Mail: Jan Fulbright

LISD Director of Health Services

701 N. 1st St.

Lufkin, TX 75901

Thanks for your interest in the LISD SHAC