



DAYVILLE SCHOOL DISTRICT 16J

285 School House Rd. ~ P.O. Box C
Dayville, Oregon 97825
(855) 617-2412 fax (866) 847-2155
<https://www.dayvilleschools.com>

Application for School Budget Committee Appointment

Date: _____

LEGAL NAME: _____

ADDRESS: _____

(circle one)

1. Are you a resident within the Dayville School District boundaries? YES NO
2. Have you lived in the School District boundaries for 1 year or longer? YES NO
3. Are you a registered voter? YES NO
4. If appointed or elected, Board Members cannot work for or receive money from the district. _____(Initial)

Budget committee members serve a three year term.

Your answers are just a way for the current Board members to get to know you. There are no requirements or qualifications for the position beyond what is listed above.

What would you like the board to know about your skills, aptitudes, abilities, or general reasonings that bring you to apply for this appointment? (Please write below and use back of page if needed)

Signature