Dayville School District 16J Application for School Board Appointment

		APPLIC	ANT INFORMA	ΓΙΟΝ				
Full Name:	Last	First		M.I.	Dc	ıte:/	/	
Physical Ad	dress:							
		Street Address			Apt./Unit #			
		City		State		ZIP C	ode	
Phone:			Email:					
		RE	EQUIREMENTS					
Are you	a reside	ent within the Dayville School	District bound	laries?	YES	NO		
Have you lived in the School District boundaries for 1 year or longer					YES			
Can you commit to attending monthly board meetings?					YES	NO		
Are you a registered voter?					YES	NO		
lf appoi	nted or	elected, Board Members cann	ot work for or	receive moi	ney fron	n the distric	t	(Initial)
			T YOU (OPTION					
		the board to know about you			or value	es that bring	you to ap	oply for
this appointr	nent? _							
<u>Signature</u>						Date		
			<u>Turn in to:</u>					
		Dayville School PO Box C 285 School House Rd Dayville, OR 97825	or	irvingd@	grante	esd.k12.or.u	S	