

**SOCORRO INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH ADVISORY COUNCIL
MEMBERSHIP APPLICATION**

Name: _____ Phone: _____ Date: _____
Address: _____ City: _____ Zip: _____
Employer/Organization: _____ Wk Phone: _____
Work Address: _____ City: _____ Zip: _____
Email: _____
Ethnicity (optional): Hispanic _____ Non-Hispanic _____
Race (optional): African American ___ Hispanic ___ White ___ Other ___

Are you an employee of SISD? (If yes, which location): _____
I have a child currently enrolled in SISD: Yes _____ No _____
I prefer to be contacted at: Work _____ Home _____
Are you representing: Employer/Organization _____ Self _____

Briefly describe how you and/or your organization is interested in the health and well-being of SISD students: _____

Please check your areas of interest:

Family/Community Involvement _____	Social Services and Emotional Wellness _____
Nutrition Services _____	Health Services _____
Physical Education _____	Health Education _____
Safe and Healthy School Environment _____	Staff Wellness _____

Preferred time of meetings:
9:00 – 10:30 _____ 1:00 – 2:30 _____ 3:00 – 5:30 _____ 5:30 – 7:00 _____ Optional _____

FAX OR MAIL YOUR APPLICATION TO:
Socorro ISD Health Services Department
Rebecca Madrid
12440 Rojas Drive
El Paso, TX 79928
FAX: 915-851-7361

THANK YOU FOR YOUR INTEREST IN THE SISD SHAC!

