**CSC Member Registration Form**

2016-2017

(School Name)

The 2016-2017 CSC Directory registration form will contain the name of the school and members of the School’s Collaborative School Committee. The purpose of assembling this directory is to enable us to respond in a timely and effective manner to requests for information and to communicate regarding CSC matters.

Please complete the form below and mail to:

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| --- |
| **SEND to your Instructional Superintendent** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CSC Title** | **Name** | **Address** | **Phone Number** | **E-mail** |
| Principal  |   |   |   |   |
| Parent  |   |   |   |   |
| Parent  |   |   |   |   |
| Parent  |   |   |   |   |
| Parent  |   |   |   |   |
| Parent  |   |   |   |   |
| Teacher  |   |   |   |   |
| Teacher  |   |   |   |   |
| Teacher  |   |   |   |   |
| Teacher  |  |  |  |  |
| Community Member |  |  |  |  |
| Classified Employee |  |  |  |  |
| Students |  |  |  |  |

**(Please Print and submit)**

Signed by Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_