

**Santa Monica-Malibu Unified School District
Office of the Superintendent**

**APPLICATION FORM
CITIZENS COMMITTEE TO EXAMINE FEASIBILITY OF
EMERGENCY AND TEMPORARY PARCEL TAX**

Application deadline: August 11, 2009 (call Superintendent's Office for more information 310.450.8338 x241)

TYPE OR PRINT IN BLACK INK

Name:			
Mailing Address (include City, State, ZIP):			Resident in District?
Home Phone:	Work Phone:	Fax Number:	Email Address:

All persons are invited to apply for membership on Santa Monica-Malibu Unified School District Citizens Committees, regardless of race, age, sex, religion, marital status, national origin, ancestry, sexual orientation, or disability.

The Citizens' Committee to Examine the Feasibility of an Emergency and Temporary Parcel Tax will meet regularly through December 10, 2009. The schedule of meetings will be determined at the first meeting. Additional meetings will be scheduled as needed.

<u>Please check all that apply:</u>		
<input type="checkbox"/> Parent (Also indicate if you have children in nonpublic schools.)	School:	Grade Level(s) of Children:
<input type="checkbox"/> Community Member (non-parent)	Please Specify:	
<input type="checkbox"/> SMMUSD Employee (currently)	Please Specify:	
<input type="checkbox"/> SMMUSD Student (currently)	Please Specify:	

Please list any local or community service organizations to which you belong. Include any District Advisory Committees (DACs) on which you are currently serving or have previously served (include dates of service).

Please list any abilities, experiences, interests you would bring to such a committee.

What would you hope to accomplish as a member of the Citizens Committee to explore the feasibility of an emergency parcel tax?

THIS INFORMATION IS VOLUNTARY

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Multi-racial/Multi-ethnic _____ |

Applicant Signature: _____ Date: _____

Return completed applications by August 11, 2009, to:

Superintendent's Office
Santa Monica-Malibu Unified School District
1651 16th Street
Santa Monica, CA 90404
FAX: 310.581.1138

THANK YOU FOR APPLYING