

Application to serve on the School Health Advisory Board
Charlottesville City Schools

Applicant's Name: _____

School/Employer: _____

Address: _____

Phone: _____

Email: _____

Why do you want to serve on the School Health Advisory Board? (*continue on back of page if needed*)

Please briefly describe the skills, experience, or perspective you would bring to the School Health Advisory Board. (*continue on back of page if needed*)

Signature _____

Date _____

Return to: Jessica Brantley
Coordinator of Health and Physical Education
1400 Melbourne Road
Central Office #2
Charlottesville, VA 22901
Fax: 245-2604
Email: brantlj1@charlottesvilleschools.org