Application for Parent Participation on
Lynden School District Instructional Materials Committee

Name:_____

Address:_____

Telephone Number:_____

Email Address:_____

Parent/Guardian of (please list):

Name	Grade Level	School

School that you would like to represent (*Board Policy 2020P requires that you have a student enrolled at the school you represent):*

- ☐ Bernice Vossbeck Elementary
- ☐ Fisher Elementary
- ☐ Isom Elementary
- ☐ Lynden Middle School
- ☐ Lynden High School
- ☐ Lynden Academy

Have you participated on an instructional materials committee for Lynden School District in the past? ☐ Yes ☐ No If yes, when (dates):_____

Briefly describe your instructional areas of interest:_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

Submit this form to the Lynden School District Office
516 Main Street
Lynden, WA 98264