Canby School District BUDGET COMMITTEE APPLICATION

DEADLINE: FRIDAY, NOVEMBER 1, 2019

Name				
Address				
Daytime Phone	En	nail		
Occupation / Employer				
If you have children in the Canby Scho	ool District, ho	w many?		
Which schools do they attend?				
Are you a resident of the Canby School	ol District?	Υe	es	No
Are you a registered voter?	'es	No		
Please list your experience with schoo	l or communi	ty-related	activities:	
Please specify any background experience Budget Committee:	ence that mig	ht contribu	ute to succes	ssful work on the
Signature			Date	

The Board of Directors thanks you for your interest in serving on this committee. Any or all of the candidates may be interviewed for the available positions.

If you have questions, direct them to the Superintendent's Office at 503-266-7861.

Please return the completed form by FRIDAY, NOVEMBER 1, 2019 to: Canby School District Superintendent's Office, by mail 1130 S. Ivy Street Canby, OR 97013, by fax 503-266-0022, or emailed to davisk2@canby.k12.or.us.