

PEDRO MENENDEZ HIGH SCHOOL
SCHOOL ADVISORY COUNCIL (SAC)
APPLICATION FOR MEMBERSHIP

Name_____

Address_____

City_____ State_____ ZIP_____

Email_____

Phone_____ Cell_____

I would be interested in joining the SAC as a (please choose one):

Parent of student(s) _____

Community member _____

Faculty/staff member _____

I bring to the SAC the following interests and/or abilities:

Please return form to Pedro Menendez High School SAC, c/o Jonathan Higgins, 600 SR. 206 West, St. Augustine, FL 32086.