

**Pedro Menendez High School**  
**School Advisory Council (SAC)**  
**Membership Application**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I am interested in joining SAC as a (please choose one)

Parent of current PMHS student(s) \_\_\_\_\_

Community Member \_\_\_\_\_

SJCSD Staff Member \_\_\_\_\_

PMHS Student \_\_\_\_\_

Briefly explain why you want to join our SAC team and what contributions you feel you can bring:

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Please return this form to Pedro Menendez High School SAC, c/o Chris Cofield.

600 SR 206 West, St. Augustine, FL 32086