

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:

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

600 SR 206 West, St. Augustine, FL 32086