

TMISD School Health Advisory Council Membership Application

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Employer/Organization: _____ Work Phone: _____

Work Address: _____ City: _____ Zip: _____

Are you an employee of TMISD? _____ (if yes which location) _____

I have a child currently enrolled in TMISD: Yes _____ No _____

I prefer to be contacted at: Work _____ Home _____

Are you representing: Employer/Organization: _____ Self _____

Briefly describe how you and/or your organization would assist in the health and well-being of TMISD students:

FAX OR MAIL YOUR APPLICATION TO:

Holly Alderson

Director of Educational Services

9760 LaBranch

Corpus Christi, TX

FAX: 361.241.5836

***** THANK YOU FOR YOUR INTEREST IN THE TMISD SHAC!
WE WILL CONTACT YOU SOON. *****