



**Department of Catholic Schools**  
Archdiocese of San Antonio  
2718 W. Woodlawn Ave  
San Antonio, Texas 78228  
(210) 734-2620 • Fax (210) 734-9112  
[www.sacatholicschools.org](http://www.sacatholicschools.org)

## **2021/2022 PTC APPLICATION**

*We seek support and participation from those who share a common vision, mission and philosophy in Catholic schools.*

*We are interested in considering you to share in the governance of **St. James Catholic School**.*

*Thank you for considering to SERVE!*

*Please Print or Type:*

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish Registered (Name/City): \_\_\_\_\_

### **PLACE OF EMPLOYMENT:**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **EDUCATION:**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

College(s) Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned \_\_\_\_\_

**ASSOCIATION WITH CATHOLIC PARISH:**

Dates	Activities	Capacity
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**PTC EXPERIENCE:**

PTC	Activities	Dates/Years
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<hr/>		
<hr/>		

**COMMUNITY ACTIVITIES:**

Dates	Activities	Capacity
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**SCHOOL ACTIVITIES INVOLVEMENT:**

School	Activities	Dates/Year
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**REFERENCES:** (Please provide the name, address, & phone number for 3 references.)

1. 

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2. 

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3. 

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Please indicate what expertise you can bring to the Parent-Teacher Club.

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Return your application to:*

**Johanna Lopez  
St. James Catholic School  
507 S. Camp St.  
Seguin, TX 78155**