Galena Interior Learning Academy

Parent Advisory Committee Application

Date: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone: _____

Email: _____

I, _____, respectfully submit my name to be Considered for the Galena Interior Learning Academy's Parent Advisory Committee.

Statement of Interest:

Explain why you are interested in being on GILA's Parent Advisory Committee (PAC) (Please attach additional pages if needed).

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