

SAUSALITO MARIN CITY SCHOOL DISTRICT

Application for Measure I Citizens Oversight Committee

Please complete this application and attach a letter of interest (not to exceed three pages). If you wish to include letters of support, please attach no more than two letters. Please return your application packet to the Board of Trustees, Sausalito Marin City School District (SMCSD), 630 Nevada Street, Sausalito, CA 94965.

| |
|----------|
| Name: |
| Address: |
| Phone: |
| Email: |

Are you a parent/guardian of one or more children who attend school in the SMCSD?

| | |
|------|-----|
| Yes: | No: |
|------|-----|

If yes, please list name (s) of child (ren) and school (s) currently attending:

| |
|--|
| |
| |
| |

Please indicate the Citizen s Oversight Committee position for which you wish to be considered:

- Individual active in a business organization representing the business community of Sausalito Marin City. Organization: _____
- Individual active in a senior citizen’s organization
Organization: _____
- Individual active in a bona fide taxpayers’ organization
Organization: _____
- Individual who is a parent or legal guardian of a child currently enrolled in the SMCSD
- Individual who is a parent or legal guardian of a child currently enrolled in the SMCSD **and** is an active member on a school site leadership team
School: _____
- Individual who represents the community at large

Signature: _____ Date: _____