

**WEBBER SCHOOL IMPROVEMENT  
TEAM PARENT/GUARDIAN APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Child's grade \_\_\_\_\_

Elementary Feeder School \_\_\_\_\_ E-mail \_\_\_\_\_

Remember that this is a one or two year commitment. The team will initially meet monthly.  
You will be a representative voice for the school.

Please briefly summarize your reason(s) for wishing to serve on the Webber School Improvement  
Team: \_\_\_\_\_

---

---

---

---

Skills/strengths you feel you would bring to the Webber School Improvement Team:

---

---

---

---

---

Specific areas of concern/interest that you would like to see addressed by the School Improvement  
Team: \_\_\_\_\_

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_