

San Rafael City Schools
Application for Parcel Tax Citizens Oversight Committee

~~Board Procedure~~ Exhibit 3470

Please print and complete a hard copy of 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 to:

Board of Education
San Rafael City Schools
310 Nova Albion Way
San Rafael, CA 94903

Applications must be received no later than _____

Name _____

Address _____

Phone _____

Email _____

Are you a parent/guardian of one or more children who attend school in San Rafael City Schools? Yes No

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

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

Individual active in a business organization representing the business community of San Rafael

Organization: _____

Individual active in a senior citizen's organization

Organization _____

Individual active in a taxpayer/community taxpayer and/or community organization

Organization _____

Individual who is a parent or guardian of a child currently enrolled in the San Rafael Elementary School District

Individual who is a parent or guardian of a child currently enrolled in the San Rafael High School District

Teacher currently employed with the San Rafael Elementary School District

Teacher currently employed with the San Rafael High School District

Classified Employee currently employed with the San Rafael School District

Administrative Employee currently employed with the San Rafael City School District

Signature: _____ Date: _____

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Please provide the following information:

1. In addition to the position you indicated you wish to be considered for, please provide a brief description of any special expertise or background you can bring to the committee:

2. What is your interest in serving on the committee?
