

**Lawton Public Schools
District Educational Improvement Council**

**Application for Teacher/Counselor/Administrator
Representative**
(Please circle appropriate category)

Date _____ **School** _____

Name _____
 Last **First** **Initial**

1. Education Experience

**(List all teaching/counseling/administrative beginning
with current position.)**

Position	School/District	Years of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**1. Describe your interest in serving on this council. Also,
please cite strengths that you would bring to this
council:**

**Lawton Public Schools
District Educational Improvement Council**

Nomination of Parent or Community Representative

Date _____

- I. Indicate name, address, and role of individual to be nominated.**

Name _____ **Phone** _____

Home

Address _____

Work

Circle one: Parent Community

- II. Please describe the reasons you believe this individual would serve well as a representative on the District Educational Improvement Council.**

Nominated by _____ **School** _____
If Applicable