

GREAT HEARTS TEXAS ACADEMY ADVISORY COMMITTEE APPLICATION

Please refer to the [Great Hearts Texas Academy Advisory Committee \(AAC\) Guidelines](#) for purpose, goals, responsibilities, membership expectations and guiding principles. Completed applications may be sent to submissions@GreatHeartsTX.org on or before December 28.

Para solicitar esta formulario en Espanol, por favor envie un correo electronico: submissions@greatheartstx.org

Name (First Last):

Primary Residence – Street Address:

City: Zip Code:

Preferred Email Address:

Preferred Daytime Telephone Number:

Campus that you would like to represent on an AAC:

Items below marked with an asterisk () are OPTIONAL.*

1. Please select ALL of the following that pertain to you:

I am the parent or guardian of a student(s) currently enrolled in a Great Hearts Texas school.

If so, identify the school(s) and grade(s) of your student(s) for the 2018-2019 academic year below:

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Student Name:

Grade in Academic Year 2018-19: Campus:

Student Name:

Grade in Academic Year 2018-19: Campus:

Student Name:

Grade in Academic Year 2018-19: Campus:

Student Name:

Grade in Academic Year 2018-19: Campus:

Student Name:

Grade in Academic Year 2018-19: Campus:

If you are a parent, please check any of the following that apply to you:

* I am a parent of an English language learner.

* I am a parent of a student receiving special education services.

I am currently an employee of Great Hearts Texas.

If so, please identify your job title and location [Great Hearts Employees Only]:

Title:

Location:

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I am a community business owner/leader with no children of my own enrolled in Great Hearts.

If so, please identify your business:

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Are you a relative of any student, staff or faculty member at Great Hearts? Yes No

If "Yes", please list your relative(s) and relationship:

I am a grantor to Great Hearts or employed by a grantor.

I am none of the above, but I am a community member with no children of my own enrolled in Great Hearts.

Please provide the following information about yourself:

* Gender:

* Ethnicity:

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2. Briefly describe (200 words or less) why you are interested in serving on a Great Hearts Academy Advisory Committee:

3. Briefly describe (200 words or less) your family's commitment to the educational mission and vision of Great Hearts.

Please list any possible conflicts of interest:

4. Service

Please list any current or previous volunteer service on a Great Hearts campus, including dates of service:

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Campus service activity	Dates

Please identify any current or previous service or membership in other community groups or organizations (e.g. United Way, Big Brothers Big Sisters, religious community), including dates of service.

Organization/Service Activity	Dates

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5. References & Signature

List the names, telephone numbers and email addresses of 3 references (required):

Name	Relationship	Phone	Email

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I certify that I have read the Great Hearts Texas Academy Advisory Committee Guidelines, and agree to honor and abide by them. I further certify that I have filled out this application completely and honestly.

Signature X _____

**e-Signatures Accepted*

Printed Name

Date

Note: Information provided on this form is subject to open records requests and may be used in district reports to the TEA. If you have questions or need additional information, please email submissions@greatheartstx.org to the attention of your academy's regional leader:

San Antonio: Andrew Ellison, Executive Director | **Irving:** Bryan Smith, Executive Director

Great Hearts Academies are public, non-sectarian charter school serving a variety of students. They are supported by Great Hearts Texas, the holder of an open-enrollment charter issued by the State of Texas, and a nonprofit 501(c)(3) corporation.