

Wayland Public Schools

PTO

Superintendent Screening Committee Application Form

Name _____ Date _____

Street Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

Occupation _____ Number of Years as a Wayland Resident _____

What school(s) and grade(s) do your children attend? (Please include graduation years for any who have matriculated.)

Briefly state your interest in being appointed to the Superintendent Screening Committee.

Briefly describe your present and past community involvement and/or interests (ie, voluntary, social, business, professional).

Briefly describe any particular skills, background, education, training or experience that you would bring to the Superintendent Screening Committee.

Are you able to commit to a minimum of 20-30 hours of time for meetings and activities between Feb. 7, 2017 and March 7, 2017? Yes ___ No ___ I'm not sure at this time ___

Signature _____

**Please return your application by 5:00 pm
Thursday, Jan. 12, 2017
to
Wayland Townwide PTO
Amy Simmons, President
Email: waylandschoolspto@gmail.com**

Your interest in serving on this committee is greatly appreciated. After all applications are reviewed, you will be notified as to the PTO's decision regarding your application.