Review: SCHOOL HEALTH ADVISORY COUNCIL MEMBERSHIP APPLICATION

	Respondent		
	4 Anonymous 04:45		
	Time to compl	ete	
		c	(0)
1.	Full Name: *	Score	/ 0 pts
	Amy Marquez-Pando		
2.	Street Address: *	Score	/ 0 pts
]	
	1600 Palo Duro Drive	J	
3.	City: *	Score	/ 0 pts
	Odessa		
	Midland		
4.	Zip Code: *	Score	/ 0 pts
	79762		
5	Is the above address within the boundaries of ECISD: *	Score	/ 0 pts
5.			
	Yes		
	O No		
G	Email Address: *	Score	/ 0 pts
0.		Score	7 o pis
	Amymarquez9@yahoo.com		
7.	Phone Number (with area code): *	Score	/ 0 pts
	4326618029		

8. I am at least 18 years of age: *	Score	/ 0 pts
Yes		
O No		
9. ECISD Employment: *	Score	/ 0 pts
I am employed by ECISD		
I am NOT employed by ECISD		
10. Parent/Guardian: *	Score	/ 0 pts
	5000	7 0 pt3
I am the custodial parent or guardian of a student currently enrolled in ECISD.		
I am NOT a custodial parent or guardian of a student currently enrolled in ECISD.		
11. Custodial parents or guardians, please list student(s) name(s) and campus(es).	Score	/ 0 pts
Penelope Pando- Milam		
12. Please check all that apply: *	Score	/ 0 pts
I am the custodial parent or guardian of student(s) currently enrolled in ECISD		
I represent a faith-based organization		
I am employed by a healthcare organization		
I am employed by a business or private industry		
I am employed in law enforcement		
I am employed by a nonprofit organization		
13. Please list your organization/employer here: *	Score	/ 0 pts
		, o pi3
MCH- did not allow me to select all that apply.		
14. Please briefly describe why you are interested in serving on the School Health Advisory Council: st	Score	/ 0 pts

To learn more about and have a voice/opinion in processes for the safety and well being out our students and staff.

Amy Marquez-Pando