

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

I WISH TO BE CONSIDERED FOR AN APPOINTMENT
TO A POSITION ON THE SHAC

Name: _____ Amanda Fox _____

Address: _____ 9219 Holiday Dr. Odessa, TX 79765 _____

Spouse's Name: _____ Michael Fox _____

Occupation: _____ Self-Employed _____

Home Phone: _____ 432-425-1934 _____

Business Phone: _____ 432-245-1025 _____

Email Address: _____ gymbumohs05@aol.com _____

Race or Ethnic Group: _____ Hispanic _____

Children (if any) in ECISD: _____ Analiyah Fox, Michael Fox _____

Is your spouse or any family member related a member of the ECISD Board of Trustees? _____ No _____

Are you a resident of Ector County? _____ Yes _____

Resume to be attached

Please mail to:

***Ector County ISD
Attn: Michael Neiman
P.O. Box 3912
Odessa, Texas 79760***

Email to:

michael.neiman@ectorcountyisd.org