

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: __Holly Moore__

Address: _____2008 E 56th St_____

Spouse's Name: _____Kevin Moore_____

Occupation: __Testing Coordinator_____

Home Phone: ___325-374-1074_____

Business Phone: _____432-620-1413_____

Email Address: _____hollymoore079@gmail.com_____

Race or Ethnic Group: _____Caucasian_____

Children (if any) in ECISD: __Kennedy Moore-2nd grade, Ireland_____

Is your spouse or any family member related to a member of the ECISD Board of Trustees? _____No_____

Are you a resident of Ector County? __Yes_____

attached

Email to:

michael.neiman@ectorcountysd.org

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