

Review: SCHOOL HEALTH ADVISORY COUNCIL MEMBERSHIP APPLICATION

Respondent

5

Anonymous

03:04

Time to complete

1. Full Name: \*

Score / 0 pts

Stephanie Galindo

2. Street Address: \*

Score / 0 pts

2204 Alameda Ct.

3. City: \*

Score / 0 pts

Odessa

Midland

4. Zip Code: \*

Score / 0 pts

79763

5. Is the above address within the boundaries of ECISD: \*

Score / 0 pts

Yes

No

6. Email Address: \*

Score / 0 pts

Sgalindo@odessa.edu

7. Phone Number (with area code): \*

Score / 0 pts

4324487286

8. I am at least 18 years of age: \*

Score / 0 pts

Yes

No

9. ECISD Employment: \*

Score / 0 pts

I am employed by ECISD

I am NOT employed by ECISD

10. Parent/Guardian: \*

Score / 0 pts

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

Stevie Ray H. Galindo — Hays Elementary

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

Odessa College

14. Please briefly describe why you are interested in serving on the School Health Advisory Council: \*

Score / 0 pts

To improve ECISD standards.

15. By serving as a SHAC member, I agree to attend meetings and consider the interests of all ECISD students. I understand meetings are held a minimum of four times per year.

Score / 0 pts

23-24 Meeting Dates are Planned for the following (subject to change)

11/15/23, 12:00 pm - 1:00 pm

01/12/24, 12:00 pm - 1:00 pm

02/23/24, 12:00 pm - 1:00 pm

04/19/24, 12:00 pm - 1:00 pm

Please fill in name below: \*

Stephanie Galindo