

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: __Sarah Keitges_____

Address: __21 Pinon Court_____

Spouse's Name: __Brett Keitges_____

Occupation: __Homemaker_____

Home Phone: __432-978-5657_____

Business Phone: __n/a_____

Email Address:
____sarahlizbeth7@hotmail.com_____

Race or Ethnic Group: __Caucasian_____

Children (if any) in ECISD: Zander Keitges (Burnet Elementary)

Vivian Keitges (Burnet Elementary)

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

Are you a resident of Ector County? _No (out of county transfer)

Resume to be attached

Please mail to:

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

Email to:

michael.neiman@ectorcountysd.org