



New Hope-Solebury School District Committee Member Application

Name: _____ Phone: _____

Address: _____

Email: _____

Occupation: _____

Committee(s) Interested in:

- Special Education
- Curriculum Advisory
- Policy/Human Resources
- Facilities
- Finance

Please state the reason(s) for your interest in participating in a Committee(s):

Signature

Date

Please note the following guidelines exist for Committee Members:

- The Committees serve in an advisory capacity to the Board of School Directors
- Committee Members should not deliberate, discuss or meet about committee topics outside of the monthly committee meeting.

Please be aware that this document will be shared with the public at the Board of School Directors meeting as part of the approval process.