



**BLESSED SACRAMENT CATHOLIC SCHOOL
SCHOOL COUNCIL APPLICATION**

Date: _____

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Years Attending Blessed Sacrament School: _____

Number of Children Attending Blessed Sacrament: _____

Children(s)' Name(s)' and Grade Level(s): _____

Parish Registered (Name/City): _____

Describe any previous experience with school activities, councils, boards, committees, etc.

Place of Employment: _____

Work Phone Number: _____

Please take a moment to describe your interest in becoming a member of the Blessed Sacrament School Council.

What areas of the Blessed Sacrament Strategic Plan would your gifts, skills, and talents be beneficial in helping the school reach its goals?

In what ways have you been involved with other Blessed Sacrament Parish ministries? If not a parishioner of Blessed Sacrament, please describe your involvement in your own parish.

Signature: _____