



PASADENA UNIFIED SCHOOL DISTRICT
APPLICATION FOR APPOINTMENT TO
STRATEGIC PLAN STEERING COMMITTEE

Name: _____
Last First MI

Home Address: _____
Street

_____ City State Zip Code

Telephone: _____
Home Work Cell

E-mail Address: _____

Please answer the following questions and attach your typed response to No. 4 to this application:

- 1) How many months or years have you been a resident of
____ Altadena ____ Pasadena ____ Sierra Madre
- 2) Do you have, or have you had, children or grandchildren in the Pasadena Unified School District: Yes ____ No ____
- 3) The following groups are required in the final makeup of the committee; please mark which categories (if any) fit you most appropriately:
____ Member of the Business Community
____ Member of Community Organization
____ Active Member of Neighborhood Association
____ Parent/Guardian of PUSD Student
____ Parent/Guardian of PUSD Student, Active in PTA or School Site Council
____ Employee (Teacher, Classified, Administrator)
____ Member of Higher Education community
- 4) Please explain why you would like to be appointed to this committee. (Attach your response on a separate sheet.)

COMPLETED APPLICATION MUST BE SUBMITTED BY NOVEMBER 15, 2009 TO:

Superintendent of Schools
Pasadena Unified School District
351 S. Hudson Avenue
Pasadena, CA 91109
Telephone: 626/396-3619 Fax: 626/795-5309 Btircuit94@pusd.us