

# Grapevine-Colleyville ISD

## Health Education Advisory Council Application

Yes! I would like to serve on the HEAC and to assist in decisions providing the best of health programs for our students.

**Name**

**Phone (Home)**

**(Work)**

**Address/City Zip**

Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> GCISD resident          | <input type="checkbox"/> Law enforcement    |
| <input type="checkbox"/> Current GCISD student   | <input type="checkbox"/> Clergy             |
| <input type="checkbox"/> Parent of GCISD student | <input type="checkbox"/> Medical community  |
| <input type="checkbox"/> GCISD teacher           | <input type="checkbox"/> Business community |
| <input type="checkbox"/> GCISD administrator     |   |

Ages of children (if applicable):

- preschool  grades K-5  grades 6-8  grade 9  grades 10-12

How long have you been a GCISD resident? \_\_\_\_\_

Would you be able to meet on a monthly basis if needed? \_\_\_\_\_

Would you be able to make a two (2) year commitment? \_\_\_\_\_

What expertise would you bring to the HEAC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly state your philosophy regarding teaching sex education in the schools.  
Please use the back if you wish.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to the attention of Terry Dickson, Instructional Coordinator, 3051 Ira E. Woods Ave., Grapevine, TX 76051, (817) 251-5519 or (817) 251-5518 or fax (817) 424-3271.