

Traverse City Area Public Schools

Sex Ed Advisory Board Application for Membership

Name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work Phone: _____

Cell: _____ Email address: _____

The Sex Ed Advisory Board meets on a 3-5 times a year to review sex education curriculum, materials and methods of instruction. The meetings are typically scheduled from 4:00 p.m. – 6:00 p.m. on the *first Thursday of the month*.

Selection of members will be based on three criteria: Expressed interest, ability to attend meetings as required and that you meet one of the following categories:

- Parents having children attending the TCAPS School District
- Students in the school district (age appropriate)
- Educator
- Local clergy
- Community health professional
- Other interested citizens residing in district

According to the committee bylaws, 50% of the membership shall be comprised of parents of current TCAPS students. If there are more volunteers than there are openings, a lottery system will be used to select members.

Parent of TCAPS Student: Yes No

If yes, name of student: _____

School: _____

Grade: _____

Clergy: Yes No

Church Affiliation: _____

Location: _____

Health Professional: Yes No

Occupation and background: _____

Concerned Citizen: Yes No

Do you reside in Traverse City Area Public Schools district: Yes No

Please provide a brief statement as to why you wish to serve on the Sex Ed Advisory Committee:

Please send your completed application to: **Traverse City Area Public Schools, Attn: Dan McGee, Student Services, 412 Webster Street, Traverse City, MI 49686** or email to mcgeeda@tcaps.net.