

**Application for Parent Participation on  
Lynden School District Instructional Materials Committee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian of (please list):

Name	Grade Level	School

School that you would like to represent:

- |  |   |
|--|---|
| <input type="checkbox"/> Bernice Vossbeck Elementary | <input type="checkbox"/> Lynden Middle School |
| <input type="checkbox"/> Fisher Elementary           | <input type="checkbox"/> Lynden High School   |
| <input type="checkbox"/> Isom Elementary             | <input type="checkbox"/> Lynden Academy       |

Have you participated on an instructional materials committee for Lynden School District in the past?  Yes  No If yes, when (dates): \_\_\_\_\_

Briefly describe your instructional areas of interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Submit this form to the Lynden School District Office  
516 Main Street  
Lynden, WA 98264