

**Goose Creek Consolidated ISD
School Health Advisory Council
2024-2025 Membership Application**



Name:	Phone:	Date:
Address:	City:	Zip:
Email:	Employer/Organization:	
What district do you live in? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Unknown		
Gender (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to respond		

Race/Ethnicity: (optional)	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond
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Are you an employee of GCCISD (if yes, which location)?

Were you recommended by a GCCISD Board Trustee (not required): Yes No
If so, which one?

I have a child currently enrolled in GCCISD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where: _____ Grade: _____
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I may be contacted at: Home Work Cell Email

Role: <input type="checkbox"/> Parent <input type="checkbox"/> Health Organization <input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Teacher <input type="checkbox"/> Health Care Pro. <input type="checkbox"/> Higher Education	<input type="checkbox"/> Student <input type="checkbox"/> Business Community <input type="checkbox"/> Clergy	<input type="checkbox"/> School Administrator <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other
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Name of Affiliate/School/Organization: _____

Briefly describe how you and/or your organization assists in the health and well-being of GCCISD students:

Did you serve on the 2020-2021 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve on the 2021-2022 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve on the 2022-2023 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve on the 2023-2024 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If appointed, will you commit to attend orientation and 4 SHAC meetings during the 2024-2025 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Visit our website, <https://www.gccisd.net/page/wlms.home> to review SHAC subcommittees. Please check areas of interest:

<input type="checkbox"/> Nutrition Services	<input type="checkbox"/> Health Education	<input type="checkbox"/> Wellness Policy/Plan
<input type="checkbox"/> Physical Education & Physical Activity	<input type="checkbox"/> Health Services	<input type="checkbox"/> Physical Environment
<input type="checkbox"/> Family Engagement & Community Involvement	<input type="checkbox"/> Social Services & Emotional Climate	<input type="checkbox"/> Employee Wellness

MAIL OR E-MAIL YOUR APPLICATION BY JULY 21, 2024, TO:
 Amanda Kennington, SHAC Chair/Facilitator
SHAC@gccisd.net
 Healthy Community School Coordinator
 2200 Market Street
 Baytown, Texas 77520

