

Goose Creek Consolidated ISD School Health Advisory Council 2025-2026 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			
Are you an employee of GCCISD (if yes, which location)? _____					
Were you recommended by a GCCISD Board Trustee (not required): <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____					
I have a child currently enrolled in GCCISD:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: _____ Grade: _____			
I may be contacted at:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> 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	
Name of Affiliate/School/Organization: _____					
Briefly describe how you and/or your organization assist in the health and well-being of GCCISD students:					
Check previous years served on the GCCISD SHAC. <input type="checkbox"/> 2020-2021 <input type="checkbox"/> 2021-2022 <input type="checkbox"/> 2022-2023 <input type="checkbox"/> 2023-2024 <input type="checkbox"/> 2024-2025 <input type="checkbox"/> Not applicable.			If appointed, will you commit to attend orientation and 4 SHAC meetings during the 2025-2026 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	

SCAN QR CODE TO COMPLETE
SHAC APPLICATION ONLINE



E-MAIL OR MAIL YOUR APPLICATION BY JULY 15, 2025, TO:

Amanda Kennington, SHAC Chair/Facilitator
SHAC@gccisd.net
 Healthy Community School Coordinator
 2200 Market Street
 Baytown, Texas 77520

