

**Goose Creek Consolidated ISD
School Health Advisory Council
2026-2027 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"/> 2025-2026 <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 JUNE 15, 2026, TO:
Amanda Kennington, SHAC Chair/Facilitator
SHAC@gccisd.net
Healthy Community School Coordinator
2200 Market Street
Baytown, Texas 77520

