

**ATHENS AREA SCHOOL DISTRICT**

**BOARD OF SCHOOL DIRECTORS**

**APPLICATION FORM**

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

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

Do you currently have children enrolled in the Athens Area School District  Yes  No

Have you ever had children enrolled in the Athens Area School District  Yes  No

Have you served on any district/school committees or participated in any district-sponsored activities?

Yes  No (If yes, please list):

Are you involved in any community activities or service organizations  Yes  No

If yes, please list:

What qualities, talents or experience would you bring to the Board?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please email back to Nancy Russell at [nrussell@athensasd.org](mailto:nrussell@athensasd.org)). Thank you!