



Winona Area Public Schools

District-wide Curriculum Advisory Committee Application

(Community Members on the District Advisory Committee must reside in the school district.)

Name _____ Date of Application _____

Phone Number _____

Mailing Address _____

Email Address _____

1. Do you have children enrolled in the Winona Area Public Schools? Yes / No
2. If yes, what grade level(s):
3. List any student/school or community group/committees in which you participate:
4. Please check all areas that you could provide representation or understanding based on personal or professional experiences. Briefly include an explanation of your experience(s) in #5.

_____ AP/Honors courses

_____ Low income students and families

_____ Special Education/504

_____ Gifted and Talented

_____ Tech School and Trades

_____ Diverse populations of students

_____ Four-year university +

_____ Other _____

5. Please describe any interests or kinds of experiences or skills that would provide helpful insights for the Curriculum Advisory Committee:

6. Briefly describe any additional reasons for or interest in serving on the committee:

7. Optional: How do you self-identify? (Please feel free to include multiple ways which you identify. For example: African American, Latinx/Hispanic, Caucasian, LGBTQ+)

Minnesota Statute 13.04 Subd. 2 requires that you be informed of the purpose and intended use of the requested data within Winona Area Public Schools, Independent School District 861, during the committee application process. Once you have been certified as eligible for appointment to a committee vacancy or once you have been identified as a finalist for appointment to committee vacancy, the following information may be classified as public information: name, rank on the eligible list, job history (if collected), education and training (if collected), per Minnesota Statute 13.43. The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment to a committee vacancy. You may not be considered as an applicant if you fail to provide the information requested on this application.

To the best of my knowledge, the information included in this application is accurate and true. I authorize investigation of all statements contained in this application for appointment as may be necessary to arrive at an appointment decision. I consent to the release, disclosure, and dissemination of the public data submitted by the school district.

Signature and Date