APPLICATION TO SERVE ON REDISTRICTING COMMITTEE

Please type or print

Name:
Home Address:
Home Phone: E-Mail Address:
Magisterial District in which your residence is located:
Business Address:
Business Phone:
Employer: Occupation/Title:
Number of School Age Children:
Schools Your Children Currently Attend in Albemarle County:
Years Resident of Albemarle County:
Public, Civic and Charitable Offices and/or Other Activities or Interests:
Reason for Wanting to Serve:

The information provided on this application will be released to the public upon request.
Application Deadline: September 30, 2004 (Please use back of form if additional room is needed.)

_____ _____

Signature Date

Return to: Jennifer Johnston, Clerk Phone: 972-4055
Albemarle County School Board
401 McIntire Road Room 345
Charlottesville, Virginia 22902