

PARENT ADVISORY COMMITTEE

GANADO UNIFIED SCHOOL DISTRICT NO. 20

GANADO, ARIZONA 86505

PH: (928) 755-1140

FAX: (928) 755-1142

CERTIFICATION FORM

I _____, do certify that I was selected by the members of the _____ Chapter to serve as their representative on the Indian Education Parent Committee of the Ganado Unified School District for the _____ - _____ school year.

My mailing address is _____, _____, AZ _____.
(City) (Zip Code)

Telephone Number: _____ or place where you can be contacted at _____.

List name of children attending the Ganado Unified School, District #20.

<u>NAME</u>	<u>GRADE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This selection was made at chapter meeting held at _____, AZ.
(Location)

on _____
(Date)

Chapter President