



Lancaster School District

44711 CEDAR AVENUE, LANCASTER, CALIFORNIA 93534-3210

APPLICATION FOR CITIZENS' OVERSIGHT COMMITTEE

Name: _____

Address: _____

Home/Cell Phone: _____ Work Phone: _____

FAX #: _____ E-Mail: _____

I would be able to represent the following constituencies in the District: *(check all that apply)*

- Business Representative** - Active in a business organization representing local business
Organization: _____
- Senior Citizen Group Representative** - Active member in a senior citizens' organization.
Organization: _____
- Taxpayer Organization Member** - Active in a bona fide taxpayers' association.
Organization: _____
- Parent or Guardian of a Student Enrolled in District.**
Student's Name and School: _____
Student's Name and School: _____
- Parent /Guardian of Student Enrolled in District & Active in a Parent-Teacher Organization**
Student's Name and School: _____
Student's Name and School: _____
Organization: _____
- At-Large Community Member** – Resident of the Lancaster School District.

Please note any additional information you feel should be considered as part of your application:

1. Are you an employee of the Lancaster School District?*
2. Are you a vendor, contractor, or consultant to the Lancaster School District?*
3. Do you have conflicts that would preclude your attending quarterly meetings?
4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee?*
5. Are you willing to comply with the ethics code included in the bylaws?
6. Are you a resident of the Lancaster School District?

YES	NO

***Employees, vendors, contractors, and consultants of the Lancaster School District are prohibited by law from being members of the Citizens' Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.**

Why do you want to serve on the Measure L Citizens' Oversight Committee?

Do you have any special area of expertise or experience that you think would be helpful to the committee?

If you have served on other school district, city or community committees please list and briefly describe your role:

Signature of Applicant:

All answers and statements in this document are true and complete to the best of my knowledge.

Signature _____ Date _____

Submit your completed application to the
Superintendent's Office
Lancaster School District
44711 N. Cedar Avenue
Lancaster, CA 93534

You may mail, deliver, fax, or email your application.
Email address: Superintendent@lancsd.org fax: 661 942-9452
If you have any questions, please call the (661) 948-4661, Extension 134.