

CITY OF LEXINGTON

P.O. Box 922

300 East Washington Street

Lexington, Virginia 24450

[540] 462-3700; fax [540] 463-5310

LEXINGTON SCHOOL BOARD APPLICATION

(all information requested is optional)

Name: _____ City resident since: _____

Address: _____ Home phone #: _____

Place of employment: _____ Work phone #: _____

Number of children: _____ Number of children in City schools: _____

Schools attended (high school and beyond) _____

Major studies: _____

Diploma/degree: _____ Year: _____

Although there is only one regular School Board meeting per month, additional meetings are scheduled throughout the year. Each meeting requires several hours of preparation. Are you able to give this amount of time if you are appointed to the School Board? _____

Check the area(s) in which you have had experience or special training:

- Administration
- Financial management (Budget, etc.)
- Labor relations
- Personnel
- Teaching
- Professional-Specify: _____

Other skills-Specify: _____

What do you see as your greatest possible contribution(s) to the Lexington City School Board?

Community involvement in City of Lexington, if any:

PTA member (School): _____ Years: _____

Office held, if any: _____

Advisory groups served on: _____

Civic Associations: _____

Other: _____

Community involvement in other communities, if any: _____

Send completed application to:
City Manager's Office
City of Lexington
300 East Washington Street
P.O. Box 922
Lexington, VA 24450