



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL IMPROVEMENT

# School Advisory Council (SAC) Membership Report

You cannot submit this form without addressing each field.

School Name

School Number  School Year

Member Name

I am a SAC Chairperson / Co-Chairperson  Yes  No

E-mail (optional)

Category

**Category Key:**

- Principal/ Director = Only one (1) administrator per school (AP non-voting member)
- Teacher = Minimally one per school
- Educational Support Employee = Minimally one per school, non-instructional, non-administrative, twenty (20) hours plus per week
- Parent/ NOT District = Minimally one per school
- Parent District = Employee, twenty (20) hours plus per week working for District
- Business/Community NOT District = Minimally one per school
- Business/Community District = Employee, twenty (20) hours plus per week working for District

I understand that as a member of a SAC, the information on this form is subject to the Public Records Act.

**ETHNICITY (You must select one.)**

Hispanic  Non-Hispanic

**RACE (You must select Yes or No for each of the following. At least one must be Yes.)**

- American Indian / Alaskan Native  Yes  No
- Asian  Yes  No
- Black / African American  Yes  No
- Native Hawaiian / Other Pacific Islander  Yes  No
- White  Yes  No

Click the Print Button to print a copy for your records (optional)