

**CATHOLIC SCHOOL ADVISORY COUNCIL**

SCHOOL: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

PASTOR (Parish Schools): \_\_\_\_\_

	NAME	PHONE	POSITION	TERM EXPIRES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

**ADVISORY COUNCIL PRESIDENT**

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

WK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_