WYOMISSING AREA SCHOOL DISTRICT

630 Evans Avenue Wyomissing, PA 19610 610-374-0739

APPLICATION FOR BOARD OF SCHOOL DIRECTORS

Name			
Cell Phone	Work Phone	Home Phone	
Names and Ages of Children	(if school age, indicate school	currently attending):	
Name:	Age: School Current	ly Attending	
*			
*			
*			
List high school(s), and/or co	llege(s)/university(ies), locatio	n and degree(s) awarded:	
High School:	Location:	Degree:	
		D	
College/University:	Location:	Degree:	
	nployer(s) for the last five year		
Occupation:	Employer:	Date(s) of Employment:	
*			
*			
*			
Volunteer Service *	Location	Date(s) of Service	
*			

Please briefly answer the following questions.
1. Why are you interested in serving on the Board?
2. What do you perceive to be the responsibilities of the local school board?
3. What are the challenges facing our local school district?
4. How would you as a board member address these challenges?
5. How do you see yourself working with the other members of the board and the superintendent?
6. If you were faced with a tough issue as a board member, i.e., raising taxes or cutting programs, wha kind of data would you need to help you make your decisions?

7. What qualifications, skills, a	nd experience would you bring to the Board?
• Finance	
• Facilities/Constru	action
Curriculum/Instru	action
• Personnel/Manag	ement
study school-related issues, attend elected public official."	ur ability and willingness to devote a substantial amount of time to numerous meetings, and take on the general obligations of an that I am a Pennsylvania citizen, of good moral character, at least 18
	nissing Area School District for at least one year prior to appointment,
Date	Signature of Applicant

Please return application by Friday, December 20, 2019, at 3:00 p.m. to:

Mark Boyer, Board Secretary Wyomissing Area School District 630 Evans Avenue Wyomissing, PA 19610 Fax: 610-374-0948

Email: mboyer@wyoarea.org