

# **Local Academy Council Member Expression of interest**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether you are applying to be a Trust appointed LAC member or a parent representative:

Trust Appointed [ ]

Parent Representative [ ]

If you are applying as a parent/carer representative, please give the name and email address of your proposer (if different to nominee)

Please indicate which school/s LAC you would like to join:

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| --- |
| [ ]  |
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| [ ]  |
| [ ]  |
| [ ]  |
| [ ]  |

I would like to join the LAC for:

Brays School

Hallmoor School

High Point Academy

Lea Hall Academy

Leycroft Academy

The Bridge School

No Preference

If you are applying as a parent representative, please give your child’s name and class.

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**My Skills and experience:**

**Why am I interested in joining a LAC:**