

The Wade Edwards Learning Lab **Student Advisory Board** Member Information Form

**Personal Information** (Fields in **BOLD print** required)

**Name:** \_\_\_\_\_  
First MI Last

**Name of Parent / Guardian:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

**Phone: H -** \_\_\_\_\_ **Email:** \_\_\_\_\_

Other Ways of Contact (not required):

Aim Screen Name MSN Messenger Screen Name Yahoo Messenger  
Other \_\_\_\_\_

**SCHOOL INFO**

*For Broughton Students:*

**c/o:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **BHS Caps Class:** \_\_\_\_\_  
Teacher room #

*If you are not a Broughton Student which school do you attend?:*

School: \_\_\_\_\_ County: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_ How did you learned about the SAB? \_\_\_\_\_

**Extra Curricular Interests** (please mark all that apply)

- Volunteering at Cancer Society or similar
- Tutoring middle school-aged children
- Long-term activities with elementary or middle school students
- Hosting parties at retirement facilities
- Field trips to educational events
- Hosting and/or participating in debates and educational forums
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Do you or are you planning to participate in any other activities at or outside of school? \_\_\_\_ Yes \_\_\_\_ No

If "yes," please list:

What day(s) would you best be able to devote time to an SAB mtg?

\_\_\_\_ Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri

Are you able to meet occasionally on weekends or workdays to plan special projects and events? \_\_\_\_ Yes \_\_\_\_ No

When finished place this application in the WELL mailbox in the BHS mailroom or hand in to the SAB coordinator at the Wade Edwards Learning Lab

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ Date Filed \_\_\_\_\_ SAB Coord. \_\_\_\_\_

Wade Edwards Learning Lab  
714 Saint Mary's Street / Raleigh, NC 27605  
phone: 919-856-9355 / email: programs@wade.org  
fax: 856-9233 web: www.wade.org/sab.htm