

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
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