APPLICATION TO SERVE ON THE ALDINE ISD BOARD OF EDUCATION

I request that my name be considered to serve the unexpired board of education term currently held by Dr. Alton Smith.

First Name	Middle Name	Last Name

Permanent Residence Address (Street address and apartment number. If none, describe location of residence Do not include P.O. Box or Rural Rt.)	Mailing Address (If different from residence address)

City	State	ZIP	City	State	ZIP

Email Address	Date of Birth ____ / ____ / _____	Relationship to Aldine ISD (Check all that apply) ❑ Aldine Graduate ❑ Parent ❑ Business Owner ❑ Grandparent ❑ Other _____ ❑ Volunteer
Occupation	County of Residence	

Phone Numbers			Length of Continuous Residence as of Date Application Signed		
Cell	Office	Home	In State ___ Year(s) ___ Month(s)	In City ___ Year(s) ___ Month(s)	In District ___ Year(s) ___ Month(s)

List Past and Current Community Service Activities:	Reason for Seeking This Office:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, (name) _____, of _____ County, Texas, being an applicant for the office of Board Member, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct.

_____
Signature of Applicant

Please submit the form to:

Asst. Superintendent of Community and Governmental Relations · 14910 Aldine Westfield Road · Houston, TX 77032

To be completed by Asst. Superintendent of Community and Governmental Relations	Date Received ____ / ____ / _____	Signature