

Lynden School District
Highly Capable Students' Program Committee 2013-2014
Application/Statement of Interest

Name: _____ Telephone: _____
Address: _____
Email address: _____
Please indicate if you are: <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Community Member <input type="checkbox"/> Business Member
For parents, do you currently have children attending Lynden public schools? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate which school:
<input type="checkbox"/> Preschool at Fisher <input type="checkbox"/> Preschool at LMS
<input type="checkbox"/> Bernice Vossbeck <input type="checkbox"/> Fisher <input type="checkbox"/> Isom
<input type="checkbox"/> Lynden Middle School <input type="checkbox"/> Lynden High School <input type="checkbox"/> Lynden Academy
If you are a student, please indicate the school you currently attend: _____

Describe your experience with highly capable student programs.

Describe a well-functioning committee.

How would you like to contribute to the work of the Highly Capable Committee?

Please return this form to the Lynden School District Office
By Mail: 1203 Bradley Rd., Lynden, WA 98264
By Fax: (360) 354-7662
By Email: olsonki@lynden.wednet.edu