Please complete form 1710 prior to attending the meeting. This will let us know who is interested in being a voting member of the School Advisory Council. Please note, that no member may miss more than two (2) unexcused consecutive SAC meetings. As required by Fla. Stat. § 1001.452(1)(d)4, in the event of two unexcused consecutive absences from a properly noticed SAC meeting, the person's membership will cease and the SAC Chairperson shall arrange for the replacement of the member by election as specified in Tenure, Article V, Section 4.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL IMPROVEMENT

School Advisory Council (SAC) Membership Report

The School Advisory Council (SAC) Membership Report supports the identification of School Advisory Council members to ensure proper and a balanced representation of the SAC Zone. This form auto-populates the information on New EDW reports 0519 SAC Membership Roster and New EDW 0521 Membership Compliance.

| School Name EQUESTRIAN TRAILS ELEMENTARY | ~ | |
|---|-----------|-------------------|
| School Number 3341 School Year 2024-2025 | | |
| Member Name | | |
| I am a SAC Chairperson / Co-Chairperson Yes No | | |
| Category Parent who is a District Employee | ~ | |
| Category Key: Principal/ Director = Only one (1) administrator per school (AP non-voting member) Teacher = Minimally one per school Educational Support Employee = Minimally one per school, non-instructional, non-administrative, twenty (20) hours plus per week Parent/ NOT District = Minimally one per school Parent District = Employee, twenty (20) hours plus per week working for District Business/Community NOT District = Minimally one per school Business/Community District = Employee, twenty (20) hours plus per week working for District | | |
| Ethnicity | 7 | |
| Race American Indian / Alaskan Native Yes No | | |
| Asian Yes No | | Please answer |
| Black / African American Yes No | | this section. |
| Native Hawaiian / Other Pacific Islander Yes No | | tino occion. |
| White Yes No | | |
| Other / Multi-Race Yes No | | |
| I understand that as a member of a SAC, the information on this form is subject Act (Fla. Stat. 119). | | |
| You cannot submit this form without addressing each | ch field. | Click on the "Go" |
| Submit ∨ Go | | button to submit. |
| PBSD 1710 (Rev. 8/7/2024) ORIGINAL - School Improvement | | |