



ST. MICHAEL SCHOOL ADVISORY COUNCIL

CANDIDATE QUESTIONNAIRE

Name: _____ E-mail: _____

Phone: _____

Number of children and grade level that will be attending St. Michael School for the 2019-20 school year OR number of years as an St. Michael Parishioner.

Why do you wish to serve on the St. Michael School Advisory Council?

Please describe your views on Catholic education.

What gifts and talents will you share with the St. Michael School Advisory Council?

**Please return to the school office by Monday, April 1, 2019
or e-mail responses to Amy Holzwart at aholzwart@sms.noacsc.org.
Thank you!**