

Policy Council Representative/Alternate Nomination Form

Thank you for your interest in Policy Council!
Please fill out the entire form and return to your teacher or family worker. Thank you!

Parent First Name: _____ Last Name: _____

Center: _____ FW or Teacher: _____

Phone Number: _____ This is a ☐ Cell Phone ☐ Home Phone

Secondary Phone #: _____ This is a ☐ Cell Phone ☐ Home Phone

Mailing Address: _____
Street City State Zip

Best way to contact you (check all that apply):

☐ Phone call ☐ Text ☐ Email ☐ Other _____

Check the role you are interested in: ☐ Representative ☐ Alternate

Policy Council usually meets on the fourth Tuesday of each month during the school year at the Shasta Head Start Administrative Office, 375 Lake Blvd, STE 100 Redding, CA 96003. A hybrid meeting option will be available.

Policy Council Orientation will take place on October 21th, 2025 at 9:30 am. Please save the date!

For SHS staff only:

Date received: _____ Scanned to Soc Serv Scan folder _____