

# **Local Academy Council Member Expression of interest**

Name: (Mandatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

(Not Mandatory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email address

(Mandatory)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether you are applying to be a Trust appointed LAC member or a parent representative:Choose an item.

If you are applying as a parent/carer representative, please give the name and email address of your proposer (if different to nominee)- (Not Mandatory)

Please indicate which school/s LAC you would like to join:

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I would like to join the LAC for:

Brays School  
  
  
  
Hallmoor School

High Point Academy

Lea Hall Academy

Leycroft Academy  
  
  
  
The Bridge School  
  
  
  
No Preference

If you are applying as a parent representative, please give your child’s name and class.(not mandatory)

**My Skills and experience:**

**Why am I interested in joining a LAC:**

**Please email the completed form to** [**enquiry@fet.ac**](mailto:enquiry@fet.ac)