Muskegon Heights Public School Academy

Reappointment Application

Name:			
	First	Middle Initial	Last
Street Address _			
City		State	Zip
Home Number:	()	Work Number:	()
Email Address:			
Employer:			
Job Position/Title:	:		
Any Changes since	e your last application?	☐Yes [No
If Yes, please explain:			
Application Verification I recognize that all information submitted with this application or gathered by Muskegon Heights Public Schools as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Muskegon Heights Public Schools, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representation or resulting from this application process. I Certify that the information provided in this statement is, to the best of my knowledge, true and accurate.			
Are you the parent of a current or former student at the academy you are applying to for board membership?			
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