



Eunice Municipal Schools

Equity Committee Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you are resident of Eunice? YES NO Did you attend school in Eunice as a child.? YES NO

Do you work for the school district? YES NO If yes, when? _____

Do you have child(ren) in EMS? YES NO

If yes, Grades: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Equity

Do you think there are any equity issues in Eunice Schools?

What equity issues do you think need to be addressed in Eunice Municipal Schools?

How would you go about addressing the issues you see?