



## FALLS CITY SCHOOL DISTRICT #57

111 N Main Street  
Falls City, OR 97344  
Phone: 503-787-3521

Business Office Fax: 503-787-5805  
High School Fax: 503-787-1507  
Elem. School Fax: 503-787-3239

*"Falls City School District provides well-rounded opportunities for students to become productive, positive citizens and life-long learners"*

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**Art Houghtaling**  
Superintendent  
K-8Principal

**Micke Kidd**  
High School Principal

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### APPLICATION FOR SCHOOL DISTRICT BUDGET COMMITTEE MEMBER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Duties of the Position

The Budget Committee consists of five (5) Board members and five (5) electors, who review the District's proposed operational budget, propose adjustments to the budget documents and approve an operational budget for the following school year to be submitted to the School Board for adoption. The position is for a term of three (3) years.

#### Qualifications

1. Legally registered voter, eligible to vote in elections involving Falls City School District.
2. Continuous residence within the boundaries of the Falls City School District for a period of at least one year prior to the date of appointment.
3. Not an officer or employee of the Falls City School District.

#### Application Process

1. Return completed application no later than February 24th to the Falls City Elementary School, 177 Prospect, Falls City, OR 97344
2. Be available for an interview at a regular Board of Directors meeting.

#### For Information Contact

Donna Creekmore, School Board Secretary  
503.787.3521 x2216

Falls City School District does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sexual orientation, sex or age in providing or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; and the American with Disabilities Act.

The following has been designated to coordinate compliance with these legal requirements and may be contacted at the Falls City School District office for additional information and/or compliance issues, Title II Coordinator, Title IX Coordinator and Section 504 Coordinator: Director of Special Programs, 111 N Main St., Falls City, OR 97344, 503-787-3521.

## APPLICATION INFORMATION

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years residing in Falls City School District: \_\_\_\_\_

Education/Schools Attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children attending the Falls City Schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which school(s) do they attend? \_\_\_\_\_

Have you worked with school committees before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which committees have you worked with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other community or business activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualifications do you feel you will bring to the committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the major concerns for the District? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date