

# *Wayland Public Schools School Committee*

## ***Superintendent Screening Committee Application Form***

Name\_\_\_\_\_ Date\_\_\_\_\_

Street Address\_\_\_\_\_

Mailing Address (if different)\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Occupation\_\_\_\_\_ Number of Years as a Wayland Resident\_\_\_\_\_

Have you had and/or do you have a child or children attending the Wayland Public Schools?  
Yes\_\_\_ No\_\_\_

If yes, what schools and grades did they or do they attend? (Please include graduation years.)

---

---

---

---

Briefly state your interest in being appointed to the Superintendent Screening Committee.

---

---

---

---

---

---

---

---

---

---

---

---

Briefly describe your present and past community involvement and/or interests (ie, voluntary, social, business, professional).

---

---

---

---

---

---

---

---

---

---

---

Briefly describe any particular skills, background, education, training or experience that you would bring to the Superintendent Screening Committee.

---

---

---

---

---

---

---

---

---

---

---

Are you able to commit to a minimum of 20-30 hours of time for meetings and activities between Feb. 7, 2017 and March 7, 2017? Yes\_\_\_\_ No\_\_\_\_ I'm not sure at this time\_\_\_\_

Signature\_\_\_\_\_

**Please return your application by 5:00 pm  
Friday, Jan. 13, 2017  
to  
Wayland School Committee  
Ellen Grieco, Chair  
Wayland Public Schools  
41 Cochituate Road – P.O. Box 408  
Wayland, MA 01778  
Email: [ellen\\_grieco@wayland.k12.ma.us](mailto:ellen_grieco@wayland.k12.ma.us)**

Your interest in serving on this committee is greatly appreciated. After all applications are reviewed, you will be notified as to the School Committee's decision regarding your application.