

Parents Council

O F W A S H I N G T O N
CONNECTING SCHOOLS ▪ SHARING IDEAS ▪ ENGAGING PARENTS

Membership Application

School Name _____

Street/City/State/Zip _____

Website _____ Phone # (____) _____

of Students _____ Grades _____ Single Gender/Coed _____

Day/Boarding _____ Religious Affiliation _____

School Specialty (if applicable) _____

Head of School Name/Email _____

Dean of Students Name/Email _____

Division Head(s) Name/Email _____

Parent Association President for 2019-2020:

Name _____

Email _____

Person Completing form:

Name _____

Email _____

Parents Council Representative 1:

(A PCW Representative is appointed by the school to act as a liaison between the school community and PCW; 2 are recommended, or possibly 3 if your school has a lower, middle, and upper school)

Name _____

Email _____

Parents Council Representative 2:

Name _____

Email _____

Parents Council of Washington is a 501(c)(3) organization
Contact us at administration@parentscouncil.org or www.parentscouncil.org
PCW members must be non-profit, independent schools in the Washington D.C. metro area