

LLOYD G. BLANCHARD MIDDLE SCHOOL

14 West Street, Westford, Massachusetts 01886 | (978) 692-5582 | bms.westfordk12.us

TIMOTHY P. HISLOP, JR.
Principal

PATRICIA DEMINS
Assistant Principal



September 14, 2017

To Parents and Guardians of Blanchard School Students:

The Educational Reform Bill signed into law in July 1993 requires that all schools in Massachusetts form School Advisory Councils (SAC). These councils consist of the school principal and representatives from the school, parent, and community. In the spirit of collaboration, the council provides parents with a meaningful opportunity to help shape programs and decisions, assisting the principal in identifying needs of the school community, adopting educational goals, and formulating the School Improvement Plan.

We are seeking to fill 1-2 open parent positions on the SAC for the 2017–2018 school year. Representatives are required to attend and participate in all SAC meetings. Please see the schedule of monthly meetings included below. All meetings are held at the Blanchard School at 2:30 p.m. unless an alternate location and time are agreed upon by members of the council. Any parent/guardian interested in running for an open seat on the SAC should submit the attached candidate information form by **Friday, September 22, 2017**. Forms can be submitted to the Blanchard office. If there is more than one candidate interested in an open position, a parent election will follow. The school PTO is required to oversee the election of the parent representatives to the SAC.

2017–2018 Blanchard School Advisory Council Meeting Schedule

Thursday, October 5, 2017
Tuesday, November 14, 2017
Thursday, December 14, 2017
Tuesday, January 23, 2018
Thursday, March 22, 2018
Tuesday, April 24, 2018
Thursday, May 10, 2018

If you have any additional questions regarding SAC please contact Tim Hislop at (978) 692-5582 ext. 163. Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Tim Hislop".

Tim Hislop Principal

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SCHOOL ADVISORY COUNCIL CANDIDATE FORM

NAME: _____
CHILD NAME(S): _____
CHILD GRADE(S): 6 7 8
ADDRESS: _____
EMAIL: _____
PHONE#: _____

Candidates must have a child in the school for the full length of term.

Please provide your answers to the following questions in the space provided. This form will be available to all voters at the schools (without your contact information).

1. Why do you wish to serve on the Blanchard School Advisory Council?

2. What experience will you bring to the Blanchard School Advisory Council?
(Include any school, PTO, or work-related background or interests which would help the council.)

Return form to Blanchard office by Friday, September 22, 2016.