

*Highland County Family and Children First Council*

1487 North High Street Suite 500  
Hillsboro, Ohio 45133  
937-393-3458 ext. 131  
Fax: 937-393-7175  
Email: highlandfcfc@gmail.com

Dear Potential Parent Representative,

Highland County Family and Children First Council would like to take this opportunity to express to you how much we value your place at the council table representing the parents of our communities whose children are involved in our systems of care. We understand how important the engagement of parents is to the success of their children, in school, and every aspect of their lives. Your voice at council will help those of us who have not experienced the “other half” of being involved in systems of care and services to appreciate the barriers we sometimes make for families as we provide needed services.

This letter is written to invite you to be part of our council by representing the point of view of parents and families in our county. We have included a form for you to fill out to let us know your intentions for membership. Your voice is essential to the good practice of our council, and we have come to recognize we are better for having you in our collaborative membership.

We are continuing to work to find a way we can be useful in meeting the different needs of the community and parents within the framework of schools, and suspect that you may have an even larger role to play as we step into this parent /community partnership.

We are looking forward to working with you and we invite you to walk this path with us. We are grateful for your company, and respect your presence in this year of challenges. Thank you for your membership and participation in council.

Sincerely,

Valerie Williams  
FCFC Coordinator

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**Parent Representative Membership Application**

Name: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip: \_\_\_\_\_

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

Employment: Please list name of current employer and city/state (if any):

Please list all agencies/ schools that your family is receiving or has received services from:

Why are you interested in serving as a family representative on the Highland County Family and Children First Council? What do you feel you can contribute to the council or what benefits can you provide?

What member agency has referred you?

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(Please feel free to attach additional paper if necessary)*