PLEASE COMPLETE AND RETURN TO:

ANGLOPHONE SOUTH SCHOOL DISTRICT
PARENT SCHOOL SUPPORT COMMITTEE MEMBERS – [2020–2021]

clare.murphy@nbed.nb.ca

SCHOOL NAME:	Back Bay Elementary School

Note: Please ensure that ALL columns are completed. Thank you.

NAME OF PSSC	<u>COMPLETE</u>	<u>DAYTIME</u>	<u>E-MAIL</u> <u>ADDRESS</u> :	<u>YEAR</u>	<u>INDICATE</u>	Indicate
MEMBER:	<u>MAILING</u>	<u>PHONE</u>		ELECTED and	<u>CATEGORY</u>	Chair-
	ADDRESS:	NUMBER:		LENGTH OF	<u>OF</u>	person by
				<u>TERM</u> :	MEMBERSHIP:	a
						checkmark
					(P) Parent	(√)
					(C)Community (T) Teacher	
					(S) Student	
Aldena Higgins-	980 Route 172,	506-755-4798	Aldena.higgins-harris@nbed.nb.ca		Principal	
Harris	Back Bay, E5C				-	
	1Y1					
Jennifer Wright	980 Route 172,	506-755-4028	Jennifer.wright@nbed.nb.ca		(T)	
	Back Bay, E5C					
D 11.0	1Y1				(-)	
Bambi Scott	905 Mascarene Rd	506-755-4798	Aldena.higgins-harris@nbed.nb.ca	2018-3 year on	(P)	
	Caithness, E5C2S9			3 year term		
Kathleen	1091 Rte 172,	506-755-7905	Kathleen.mcdonough4@gmail.com	2019-2 nd year	(P)	
McDonough	Back Bay E5C 2R1			on 3 year term		
Tammy Leavitt	2 Bayview Dr.	506-755-0390	Tammy_leavitt@hotmail.com	2020-1 st year	(P)	√
	Back Bay E5C 2X1			on 3 year term		
Cherryl Arabejo	980 Route 172,	506-321-0163	cherrylpoe1987@yahoo.com	2020-1 st year	(P)	
	Back Bay, E5C			on 3 year term		
	1Y1					

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ANGLOPHONE SOUTH SCHOOL DISTRICT
PARENT SCHOOL SUPPORT COMMITTEE MEMBERS – [2020–2021]

clare.murphy@nbed.nb.ca

SCHOOL NAME:

Note: Please ensure that ALL columns are completed. Thank you.

NAME OF PSSC MEMBER:	COMPLETE MAILING ADDRESS:	DAYTIME PHONE NUMBER:	E-MAIL ADDRESS:	YEAR ELECTED and LENGTH OF TERM:	INDICATE CATEGORY OF MEMBERSHIP: (P) Parent (C)Community (T) Teacher	Indicate Chair- person by a checkmark (√)
					(S) Student	

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ANGLOPHONE SOUTH SCHOOL DISTRICT			PLEASE COMPLE	TE AND RETURN	N TO:	
						, 20,
PARENT SCHOOL SUPPORT COMMITTEE MEMBERS - [2020-2021]			clare.murphy@nbed.nb.ca			
						_

SCHOOL:
Note: Please ensure that ALL columns are completed. Thank you.

NAME OF PSSC	<u>COMPLETE</u>	<u>DAYTIME</u>	E-MAIL ADDRESS:	YEAR ELECTED	<u>INDICATE</u>	Indicate
MEMBER:	<u>MAILING</u>	<u>PHONE</u>		and	CATEGORY	Chair-
	ADDRESS:	NUMBER:		LENGTH OF	OF	person by
				TERM:	MEMBERSHIP:	a
						checkmark
					(P) Parent	(√)
					(C)Community	()
					(T) Teacher	
					(S) Student	