

Name: _____

Study Hall Period (1-8): Period: _____

Room #: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

9th Period Schedule (room # or activity – band, chorus, enrichment - where you are 9th):

Mon: _____ Tues: _____ Wed.: _____ Thurs. : _____ Fri.: _____

Did you serve as a grade level rep? Grade 6: _____ Grade 7: _____

1. List 3 qualities you possess that you feel a student council member needs in order to be an effective part of the student council team.

A.

B.

C.

2. Why do you want to be part of student council?

3. What three school-related issues do you think student council should address and how?

A.

B.

C.

I have read the responsibilities of a student council member (on-line) and agree to abide by them.

Student's signature: _____

Parent's/Guardian's signature: _____

Please return completed application to Mrs. Frantz in room 370 **by April 2, 2025.**