**Henderson Middle School Student Council Member Application**

**2018-2019**

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Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Team: \_\_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_

Email Address (if available):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary/Feeder School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Student Organizations (outside of HMS Student Council):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contract:

* I come to school regularly and on time.
* I am a role model for other students.
* I will be able to attend all meetings.
* I try my best every day.
* I show respect to everyone around me.
* I take responsibility for my actions.
* I am proud of my school and want to make the school even better.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware that my son/daughter is interested in participating in HMS Student Council for the 2018-2019 school year. He/she is dependable, assumes leadership in a positive manner, and will attend all required meetings and activities. Meetings will be held on Wednesday at 8:00 a.m. in the gym front lobby. If you have any question or concerns please contact E. Brooks (ISS teacher) at [Eliscia\_Brooks@dekalbschoolsga.org](mailto:Eliscia_Brooks@dekalbschoolsga.org)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Council Parent Permission 2018-2019

Student Council Parent Permission Slip

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Team\_\_\_\_\_\_

We are aware that our daughter/son is a class representative for Student Council at Henderson Middle School. We have gone over member responsibilities and understand that these positions require effort, diligence and leadership qualities. We also understand that failure to perform the specific duties that have been outlined may result in our son’s/daughter’s dismissal.

We further acknowledge the fact that parents are an integral part of Student Council’s success and whenever the need arises, we will be willing to provide transportation for our daughter’s/son’s meetings and special events. We also realize that we may be asked to volunteer to chaperone special events.

Parent Information

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Phone Number Best Mode of Contact

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Team: \_\_\_\_\_\_\_\_\_\_\_

To be considered for Student Council, please answer the following questions. Responses should be thorough, thoughtful, and contain enough detail so we can tell what kind of Student Council Member you would be. Be sure to write in complete sentences, use correct capitalization and punctuation, and write neatly.

1. Describe the qualities that you think are important for a Student Council member to possess.

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1. Describe the qualities you possess that would make you a good candidate for Student Council.

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1. List some ideas you can think of to help improve our school.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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