

Student Council General Member Information Packet

We are so glad that you want to be a part of the most active and influential organization at North Forsyth High School! Student Council takes a great deal of time, energy, and dedication! If you have made the decision to join Student Council that means that you are willing to make these commitments. Please read the following information and make sure you understand the election requirements.

Tuesday, May 1st – Applications and Teacher Recommendations due
to MS. HOHULIN OR MS. GLUDE in the Counseling Office

May 2nd through May 4th – Acceptance letters are delivered

Please read the following information carefully. Copies of the constitution are available if you wish to clarify our policies and procedures. You may access the constitution on the NFHS Student Council page.

*A GPA requirement of 2.8 is required for all general members.

General Members are accepted based on the following criteria:

- 1.Application
- 2.Teacher Recommendations
- 3.GPA

General Member

Advisement Teacher: _____

Do you understand that being a Student Council member requires dedication, responsibility, hard work, and **weekend and after school time**?

Yes or No

Do you understand that you will have to provide transportation to and from all morning/afternoon meetings and activities?

Yes or No

Are you willing to make these commitments?

Yes or No

I, _____, understand that as an elected member of Student Council and a leader of North Forsyth High School, I must set a good example for my peers. I will abide by all school rules and policies including those regarding the use of drugs, alcohol, and tobacco. I must maintain an **acceptable attendance average** to Student Council events, and must attend all mandatory events. I understand that failure to follow the rules and policies set by North Forsyth High School as well as those stated in the Student Council Constitution may result in my dismissal from Student Council.

Student Signature _____

Date _____

I have read the cover letter and application and understand the commitment my child is making to Student Council.

Parent Signature _____

Date _____

General Member Application for Student Council

Name _____ Grade _____ IF Teacher and Room #: _____

I. Address _____ City _____ Zip _____ Birthday _____

Phone Number _____ Cell Phone _____

Student Email _____ Parent Email _____

Parent Names _____

II. List all extracurricular activities you plan to participate in for the 2012-2013 school year:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

III. Do you understand that Student Council requires dedication, responsibility, hard work and weekend and after school time? YES or NO

Do you understand that you will have to provide transportation to and from all morning/afternoon meetings and activities? YES or NO

Are you willing to make these commitments? YES or NO

V. Would you be willing to take on the responsibility of being a committee member? YES or NO

VI. Do you have any contacts, friends, family, business, etc, who could assist Student Council this year with various projects? _____

VII. I, _____, understand that as a member of Student Council and a leader of North Forsyth High School, I must set a good example for my peers. I will abide by all school rules and policies including those regarding the use of drugs, alcohol and tobacco. I must maintain an **acceptable attendance average** to Student Council events and must attend all mandatory events. I understand that failure to follow the rules and policies set by North Forsyth High School may result in my dismissal from Student Council.

Student Signature _____ Date _____

VIII. I have read the application and understand the commitment my child is making to Student Council.

Parent Signature _____ Date _____

STUDENT COUNCIL Teacher Recommendation Form

TEACHERS: This student is applying for a position of General Member on Student Council for the 2012-2013 school year. Every teacher of this student is being asked to complete a Reference Form. We would like you to make careful selections regarding each area, as these characteristics are essential to the success of Student Council. If you have any questions regarding this form, please feel free to contact MS. HOHULIN OR MS. GLUDE. Thanks for your time and effort!!!!

Please return these forms to MS. HOHULIN OR MS. GLUDE by Tuesday, May 1st.

CANDIDATE: Please complete this section.

Student Name: _____

Current Grade Level: (please circle one) 8th 9th 10th 11th

Teacher: _____

Course Name (subject/level): _____

TEACHER: Please complete this section.

Current grade: _____

Please rate the student in each area by circling the appropriate number. (1 – unacceptable, 10 – excellent)

Responsible	1	2	3	4	5	6	7	8	9	10
Resourceful	1	2	3	4	5	6	7	8	9	10
Cooperative	1	2	3	4	5	6	7	8	9	10
Reliable	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Preparedness	1	2	3	4	5	6	7	8	9	10

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does this candidate have any other specific skills or characteristics that you think would benefit Student Council? Any additional comments?

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Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

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Preparedness	1	2	3	4	5	6	7	8	9	10

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does this candidate have any other specific skills or characteristics that you think would benefit Student Council? Any additional comments?

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