

# **Student Council Application**

## **2018-2019**

**The student applying for Student Council is to fill out the bottom portion of this application and turn it in to their classroom teacher no later than Friday, September 7<sup>th</sup>.**

**\*No late submissions will be accepted.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Why do you want to be on Student Council?**

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**What ideas do you have for Student Council?**

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