



# Zachary Community School Board Student Representative Application

Term: July 1, 2019 – June 30, 2020

## Job Description:

- The primary responsibility of the Student Representative is to represent the voice of Zachary students on issues and policies that directly affect the student body.

## Requirements:

- Must have a 2.0 GPA or higher
- Must attend Zachary High School
- Must be an incoming Sophomore, Junior, or Senior
- Must not have any suspensions or expulsions
- Must be able to attend open School Board meetings

## Student Must Demonstrate:

- Leadership skills and experience
- Communication skills (both written and verbal)
- Listening skills
- Time management skills
- An ability to handle multiple tasks
- An open-mind to opinions that differ from their own
- Respect for the student-teacher-principal relationship

## Applicant Information

\*PLEASE PRINT\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Student Email Address: \_\_\_\_\_

## School Information

Current Grade Level: \_\_\_\_\_

School Clubs and Athletics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Extracurricular Activities (including employment and volunteering): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Short Answer Questions

**On a separate sheet of paper please answer the question below. Your answer may be typed and printed or neatly hand-written.**

**Question:** If you were selected to be a Student Representative to the School Board, what would you do to effectively represent the views and concerns of students at your school?

## Letters of Recommendation

Each applicant must submit two recommendation forms. One form is to be completed by a School Administrator or Teacher and one form is to be completed by a peer.

Recommendations from relatives will not be considered. Recommendation forms are attached to this application.

## Parent Consent

The parent consent form must be signed by the applicant's parent or guardian.

## Student Consent

If selected to serve as a Student Representative to the School Board, I will attend and participate in a non-voting role at open meetings of the School Board during the upcoming school year unless there are extenuating circumstances.

To the best of my knowledge, the information given in this application is accurate and complete. If chosen for the Student Representative position, I agree to make a commitment to participate and follow the rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## School Board Committee Descriptions

### Parent & Governance Committee

Assist the Zachary Community School Board as a whole rather than serve on a particular committee in the following areas:

- Academic Needs
- Extra-Curricular Programs
- Family & Community Engagement
- Policy & Governance
- Other Areas identified by School Board

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Zachary Community School Board  
Student Representative Application  
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**PARENT/GUARDIAN ACKNOWLEDGMENT OF STUDENT APPLICATION  
FOR NOMINATION AS A NON-VOTING STUDENT REPRESENTATIVE TO  
THE SCHOOL BOARD**

Please read and sign the acknowledgment statement below:

I understand that my child is submitting an application for nomination to serve as a Student Representative to the School Board during the upcoming school year. I further understand that if my child is selected to be a Student Representative, he/she will be expected to attend open meetings of the School Board unless there are extenuating circumstances.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**APPLICATIONS ARE DUE NO LATER THAN FRIDAY, MAY 24, 2019**

**Only complete applications received by the Zachary Community School Board Office on or before May 24, 2019 will be accepted and considered.**

**Please mail or drop off your completed packet to:  
Zachary Community School District Main Office  
3755 Church Street, Zachary LA 70791**

**Applications may also be returned to:  
Erica Henry, AP Zachary High School**



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## TEACHER RECOMMENDATION FORM

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject(s): \_\_\_\_\_

Based on your experiences with the student, please rate the qualities below for the student to be considered for the position as a non-voting Student Representative to the Zachary Community School Board.

I have observed the following qualities in the student:	N/A (Quality not observed)	Rarely	Some of the time	Most of the time	Student always displays the quality
Leadership Skills/Quality					
Demonstrates Integrity/Honesty					
Shows Initiative					
Good Written Communication Skills					
Good Verbal Communication Skills					
Good Listening Skills					
Demonstrates Dependability					
Ability to Manage Time					
Ability to Handle Multiple Tasks					
Demonstrates Responsibility					
Self-Motivated					
Open to opinions that differ from his/her own					
Shows Respect for Peers					
Shows Respect for Teachers/ Administration					

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

***\*Please complete, sign, and place the recommendation form in a sealed envelope.  
Return sealed envelope directly to the student.***



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## PEER RECOMMENDATION FORM

Nominee's Name: \_\_\_\_\_

Peer's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Based on your experiences with the nominee, please rate the qualities below for the student to be considered for the position as a non-voting Student Representative to the Zachary Community School Board.

I have observed the following qualities in the student/nominee:	N/A (Quality not observed)	Rarely	Some of the time	Most of the time	Student always displays the quality
Leadership Skills/Quality					
Demonstrates Integrity/Honesty					
Shows Initiative					
Good Written Communication Skills					
Good Verbal Communication Skills					
Good Listening Skills					
Demonstrates Dependability					
Ability to Manage Time					
Ability to Handle Multiple Tasks					
Demonstrates Responsibility					
Self-Motivated					
Open to opinions that differ from their own					
Shows Respect for Peers					
Shows Respect for Teachers/ Administration					

\_\_\_\_\_  
Signature of Peer

\_\_\_\_\_  
Date

***\*Please complete, sign, and place the recommendation form in a sealed envelope.  
Return sealed envelope directly to the student.***