

(This sheet to be completed by the school)

BROWARD COUNTY PUBLIC SCHOOLS
DEPARTMENT OF STUDENT ACTIVITIES
STUDENT ADVISOR TO THE SCHOOL BOARD
APPLICATION

PERSONAL DATA:

Name of Student _____
(Last) (First) (Middle Initial)

Home Address: _____ Home phone _____

School: _____ Date _____

ATTACHMENTS: Please include the following

1. Senior High Transcript _____
2. Standardized Test Record _____
3. (2) Teacher Recommendation
Forms _____
4. Student Application Form _____
5. Parent Permission Form _____
6. Ethical Behavior Agreement _____

Principal's Signature

PLEASE RETURN ALL COMPLETED APPLICATION FORMS TO:

Xenia Santiago, Liaison
School Board of Broward County, Florida
Department of Student Activities and Athletics

Due Friday, Wednesday, February 28, 2018

**Applicant Meeting TBA at the Student Activities Office in the
Pompano Beach Administrative Complex**

(To be completed by the parent)

**BROWARD COUNTY PUBLIC SCHOOLS
DEPARTMENT OF STUDENT ACTIVITIES
STUDENT ADVISOR TO THE SCHOOL BOARD**

PARENT PERMISSION

School _____ Date _____

Name of Student _____
(Last) (First) Middle Initial)

Home Address _____ Home phone _____

**Parental
Consent:**

I give my consent for _____
(Name of Student)
to be the Student Advisor to the School Board.

I understand that:

1. Transportation will be my son's/daughter's responsibility.
2. If participation in the program jeopardizes my son's/daughter's health, he/she may be removed from the program.
3. The position of the Student Advisor to the School Board is considered a part of the regular school program with mandatory attendance and regular hours.
4. If my son/daughter does not maintain the high standards set for this position, he/she may be removed from the position. This decision would be determined by a conference with the district committee, principal, and student.
5. It is my son's/daughter's responsibility to adjust to the circumstances of the position.
6. My son/daughter will receive school credit for successful performance as Student Advisor to the School Board.

(Parent's Signature)

(One copy to be retained by parent)

BROWARD COUNTY PUBLIC SCHOOLS
STUDENT INFORMATION

1. NAME _____ SEX _____ SCHOOL _____

2. ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____

3. BIRTHPLACE _____
(City and State)

4. BIRTHDATE _____ PRESENT GRADE _____

5. FATHER'S NAME _____ OCCUPATION _____

6. FATHER'S BUSINESS ADDRESS _____ BUS PHONE _____

7. MOTHER'S NAME _____ OCCUPATION _____

8. MOTHER'S BUSINESS ADDRESS _____ BUS PHONE _____

9. HOBBIES AND INTERESTS _____

10. CAREER GOALS _____

11. LIST SCHOOL AND COMMUNITY ACTIVITIES (INDICATE OFFICE(S) YOU HAVE HELD)

12. LIST HONORS FOR SCHOOL OR COMMUNITY ACHIEVEMENTS. _____

BROWARD COUNTY PUBLIC SCHOOLS
STUDENT ADVISOR TO THE SCHOOL BOARD
STUDENT INTEREST

NAME OF STUDENT _____
PRINT (Last) (First) (Middle Initial)

SCHOOL _____

GRADE _____ **DATE** _____

The student should answer the following statement in his/her own handwriting:
“Why I want To Be The Student Advisor To The School Board”. Include interests,
career plans, and any specific information indicating qualifications for the program.
(Attach additional sheets, if necessary).

**BROWARD COUNTY PUBLIC SCHOOLS
STUDENT ADVISOR TO THE SCHOOL BOARD**

TEACHER RECOMMENDATION FORM

NAME OF STUDENT _____
 (PRINT) (Last) (First) (Middle Initial)

SCHOOL _____ SECTION _____ GRADE _____ DATE _____

Directions: Please place an (X) in the column beside each statement which <u>BEST</u> describes the pupil	Seldom	Occasionally	Frequently	Almost Always
1. Carries responsibility well: follows through with tasks and usually does them well. Is positive and zealous in beliefs; is self-critical, striving to do better				
2. Is self-confident with peers as well as adults; seems comfortable when asked to show his/her work to the class.				
3. Seems to be respected by peers and others				
4. Is cooperative with teachers and Peers; tends to avoid bickering and is generally easy to get along with.				
5. Can express himself/herself well; has good verbal facility and is usually well understood; has ability to organize ideas in written form. Has rich expression, elaboration, and fluency.				
6. Adapts readily to new situations; is flexible in thought and action and does not seem disturbed when the normal routing is changed				

Directions: Please place an (X) in the column beside each statement which <u>BEST</u> describes the pupil	Seldom	Occasionally	Frequently	Almost Always
7. Seems to enjoy being around other people.				
8. Peers seem to look to him for leadership; generally directs the activity in which he/she is involved.				
9. Participates in many activities connected with the school.				
10. Prefers to work independently; needs minimal direction.				
11. Displays a keen sense of humor and sees humor in situations that may not appear to be humorous to others.				
12. Is a risk taker; is adventurous and speculative.				
13. Tries to discover the how and why of things; asks many provocative questions.				

IMPORTANT: IF YOU KNOW OF SOME PARTICULAR REASON THIS STUDENT SHOULD OR SHOULD NOT HOLD THIS POSITION, PLEASE COMMENT ON THE OPPOSITE SIDE.

_____ Subject Area _____
 Teacher's Name (Please print and sign)

Ethical Behavior Agreement

Students selected as Student Advisor or Alternate Student Advisor to the Board are expected to represent their schools, and their organization in the best ethical way at all times. The following WILL result in candidate disqualifications and/or, if elected, removal from office:

1. The posting of inappropriate pictures on a website that shows the student in possession of any illegal substance or partaking in any illegal act.
2. Posting inappropriate comments on a website or engaging in cyber bullying.
3. An External Suspension of 1-3 days will result in a sit down conference with the student and the sponsor. A second suspension after warning will result in removal of office.
4. Receiving a teacher referral for cheating.
5. Receiving an external suspension of five (5) days or more.
6. Being caught with or under the influence of illegal substances in school or under any school based functions including field trips.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____