

Lakeshore Elementary Student Council Application

Name _____ Grade _____
Address _____
Phone _____ E-mail _____
Homeroom Teacher _____

Please read each question and circle one answer.

1. My parents know I want to join Student Council. (yes) (no)
2. I am willing to give up my recess if needed. (yes) (no)
3. I am able to make up work that I might miss due to Student Council activities. (yes) (no)
4. I have transportation and am willing to be at school until 5:00pm every Wednesday. (yes) (no)
5. I am willing to speak in public or make inquires within the community. (yes) (no)
6. I am able to attend meetings throughout the year on a weekly basis. (yes) (no)
7. My grades are usually A's and B's, and reflect my effort and conduct. (yes) (no)
8. I will buy a student council shirt and wear it on Wednesdays (less than \$12) (yes) (no)

Write a short paragraph explaining why you would like to be a Lakeshore Student Council AGENT.

Student Signature

Parent Signature