



## **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 St. Catherine 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.

Copies of the constitution are available if you wish to clarify our policies and procedures. You may access the constitution on the St. Catherine School 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 St. Catherine 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 St. Catherine 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 \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

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 2017-2018 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 St. Catherine 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 St. Catherine 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 2017-2018 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 Mrs. Ebner. Thanks for your time and effort!!!!

**Please return these forms to Mrs. Ebner by October 3, 2017**

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**CANDIDATE: Please complete this section.**

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

Current Grade Level: (please circle one)      8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>

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

Course Name (subject/level): \_\_\_\_\_

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**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

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

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