

Student Council Application Form

Name: _____ Grade: _____

Your Phone Number: _____

Homeroom Teacher: _____

Parent/Guardian(s) Name: _____

Parent's Phone Number: _____

What organizations, clubs, and sports are you involved in at Wagner and outside of school?

Do you feel that you can devote the necessary time and effort required to be on Student Council?

YES / NO

- Includes: Weekly Tuesday Morning Meeting from 8:00-8:45
- Working Concessions when needed.
- Other events in which you will be asked to participate.

What are your strengths?

What are your weaknesses?

Why do you feel you deserve one of the representative or officer positions available on Wagner's Student Council?

Have your parents to reviewed and do they understand that they will be responsible for any and all transportation if our activity and/or event is off our school bus schedule? YES / NO

Student Council is a responsibility and an honor. It is not to be taken lightly. It is a rewarding and fun organization but requires your input, dedication, and volunteer hours to be successful. If you are willing to take on the challenges and run for a position on the Student Council, please sign below.

Signature: _____ Date: _____

As a parent, I understand my responsibility to help my child achieve his/her goals and be an outstanding Student Council member.

Parent Signature: _____ Date: _____

Student Petition

I believe that _____ has the responsibility and leadership qualities to represent me effectively on the Wagner Middle School Student Council.

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Teacher Signatures:

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2. _____

3. _____

4. _____