

Student Council Application
Bring to the next meeting!

Last Name: _____

First Name: _____

Grade: **Sixth** **Seventh** **Eighth**

T Shirt Size YM YL AS AM AL AXL AXXL

Best number to call afterschool: _____

I understand that my child will meet in the café from 4-5 PM
and will be picked up by 5:30 PM from Aftercare.

Parent/ Guardian Signature

WALKING OFF SITE

My child _____ has
permission to leave campus at 5 PM to walk to an off-site
location. They may do this after any meetings for the school
year. I understand that they will not be monitored if they
leave campus.

Parent/ Guardian Name

Parent/ Guardian Signature



Student Council Meeting Dates

MONDAYS

August 20

September 10 & 24

October 8 & 22

November 5 & 19

December 3 & 17

January 14

February 4 & 25

March 11

April 1 & 15 & 29

May 13 – LAST MEET-
ING – Party & Elections

All meetings
4-5 PM
In the Cafe

Please be picked
up by 5:30 PM

Fall & Spring
StuCo Dances

Canned Food
Drive

Teacher
Appreciation
Week

Share the Love
Fundraisers

Clothing Drives