

Application for Student Representative Helena School Board of Trustees - Helena School District #1

Name: _____

School: _____ Grade: _____ Age: _____

Home Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Attach your typed answers of the questions below.

1. Why do you want to be a Student Representative on the District Board of Trustees?
2. Describe your involvement in both school organizations and out-of-school groups.
3. If you could change one thing about your high school what would change would you make?
4. If you could invite one person to speak to the student body at your school who would you invite and why?
5. If you and your fellow students could discuss two school-related topics with your School Principal and the District Superintendent what two topics would you choose and why?
6. How would you get feedback from other students regarding issues being discussed by the Board of Trustees?
7. Do you have any questions or ideas you would like to add?

In addition to this application form, please submit a recommendation from an adult (someone other than your High School Principal, Student Council Advisor or family member).

If selected, I would be able to participate fully as the Student Board Representative, and I have my parent's approval.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Return by: May 3, 2024 at 4:00 p.m. to Barb Ridgway at the Lincoln Center.