



Indian Springs Middle School Student Council Application 2018-2019



The Indian Springs Middle School Student Council is a group of students who work to make ISMS a positive experience for all students and faculty members. It is made up of leaders of the 7th & 8th grade classes who are elected as STUCO Officers, as well as elected Committee Chairpersons and Members accepted by application. By filling out this application, you are agreeing to be involved in **all** general Council meetings, Committee meetings, monthly projects, and STUCO community service events.

This is an application for 2018-2019 STUCO. Students will need to ask 2 teacher for recommendations- we recommend that you get with a teachers (past or present) that knows you well enough to fill out a recommendation. Applications will be reviewed by a council board before being offered membership at the beginning of September. *Note: STUCO membership also requires a membership fee that includes STUCO T-shirt costs. More information will be given to members upon membership approval.

Name: _____

Grade: _____

Student Keller ISD email: _____

Do you use Canvas? Yes ___ No ___ Do you use Remind? Yes ___ No ___

The reason I want to be a member and believe I would be a good member of the Indian Springs Middle Student Council is:

Some things I have done at school or outside of school that I think would help me be a good Student Council member are:

1. _____
2. _____
3. _____

What contributions do you plan to make to the ISMS Student Council? (Be as specific as possible)

Please list the clubs, organizations, athletics & fine arts classes that you will be a part of next year (Fine Arts, PALS, sports, off campus organizations): _____

Student: Student Council requires mandatory attendance and participation at several events throughout the year. As a member of STUCO it will be important for you to participate & help STUCO build strong community ties with other organizations & the student body.

As a representative for Indian Springs, I know that I will be responsible to do the following:

1. Attend **all** General Student Council monthly meetings
2. Participate in and promote ISMS Student Council activities: Trunk or Treat (Fall), Powder Puff Football Game (Spring), bake sales, pep rallies, & other fundraisers
3. Encourage my peers to participate in student council activities, including participating in school pep rallies
4. Be a good citizen and role model at all times in class & in the hallways.
5. Earn no lower than a 75 in all of my classes to be an active, voting member of STUCO.
6. Earn volunteer service hours each semester (10 per semester=20 hrs total for year)

***You must have 2 teacher recommendations filled out by your teachers (past or present) & teachers will turn into Mrs. Goree. Teacher recommendations will be considered in the application process for membership to ISMS Student Council Organization.**

I realize that it is not a right but a privilege, honor and responsibility to serve as an ISMS Student Council Member. I understand the above criteria completely and realize that I must carry out my responsibilities as a member. Failure to fulfill these duties and responsibilities may result in my removal from membership in Student Council.

Student Signature

Date

Parents/Guardians: I have read the Student Council Member Contract and am aware that my child must fulfill his or her obligations to the ISMS Student Council. If he or she fails to do so, I realize that he or she may be removed from this organization. I understand that my student will need to attend morning meetings or after school meetings monthly and as scheduled. I will ensure that my student is on time to each STUCO meeting.

Parent Signature

Date

Parents/Guardian Name: _____

Best Parent Contact Email: _____

Best Parent Contact Number: _____

➤ **You MUST have this form completed and returned to Mrs. Goree (rm 102) by Friday, August 31st for application review. Membership will be offered in September 2018 after council board reviews your application.**



**Indian Springs Middle School
Student Council Application 2018-2019**



Teacher Recommendation Forms: Teachers please return to Mrs. Goree's box by 9/3
Students- Please cut form & hand to teacher to fill out. Your teacher will turn in forms.

Student's Name applying for STUCO: _____

Teacher: _____

Please rank the student on the following: 1 (low) -5 (high)

- | | |
|---|---|
| _____ Performs well academically in class | _____ Turns in all class assignments |
| _____ Active participant in all class activities | _____ Attends class (absences) |
| _____ Displays strong leadership skills | |

I would recommend this student for STUCO: _____ **Yes** _____ **No**

Comments: _____

Teacher Signature: _____

-----Please cut & have teachers fill out this form. Teachers will return to Mrs. Goree-----

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I would recommend this student for STUCO: _____ **Yes** _____ **No**

Comments: _____

Teacher Signature: _____