**Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade Level \_\_\_\_\_   ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT COUNCIL APPLICATION FORM**

**GENERAL INFORMATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         AGE:\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_**

**ADDRESS:     T-SHIRT SIZE:**S   M   L   XL   XXL

**CITY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               **ZIP CODE: \_\_\_\_\_\_\_\_\_\_**

**POSITION RUNNING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUESTIONNAIRE- PLEASE ANSWER IN THE BLANK SPACE BELOW**

**1.    HOW WOULD YOU DEFINE STUDENT COUNCIL?**

1. **WHAT LEADERSHIP EXPERIENCE DO YOU HAVE IN SCHOOL OR IN THE COMMUNITY?**
2. **HAVE YOU EVER BEEN ON A STUDENT COUNCIL? IF SO, WHERE, AND WHAT OFFICES, IF ANY, HAVE YOU HELD?**
3. **AS A MEMBER OF THE STUDENT COUNCIL, WHAT SPECIFICALLY COULD YOU DO TO HELP THE SCHOOL AND THE COMMUNITY?**
4. **WHY DO YOU WANT TO BE ON STUDENT COUNCIL?**

**This form must be completed for your name to appear on the ballot.**

**DULLES HIGH SCHOOL STUDENT COUNCIL CODE OF CONDUCT**

1. **NO ISS**.  First offense will result in immediate removal from your position.  Second offense will result in immediate removal from the council.

1. **NO INSUBORDINATION** towards the sponsor, teachers, and other administrators.  Result in automatic removal.

1. **NO LEVEL 3 DISCIPLINE OFFENSE (NO SMOKING, DRINKING, DRUGS, OR WEAPONS)** Result is immediate dismissal from the council.

1. **NO DETENTION or SPARKLE DUTY**.  More than two times in a nine-week period will result in immediate removal from your position; next detention/sparkle assignment may result in removal from the council.

1. **NO BLC or CAEP**.  Result is immediate removal from the council.

1. **NO FIGHTING**.  Result is immediate removal from the council.

1. **NO SUSPENSION OR EMERGENCY REMOVAL**.  Result is immediate removal from the council.

1. **FULFILL ALL OBLIGATIONS** set by the officers/sponsors, including projects, workshops, and related responsibilities.

1. **NO UNEXCUSED ABSENCES FROM MEETINGS**.  May result in removal from your position and the council.

1. **NO MORE THAN THREE EXCUSED ABSENCE FROM MEETINGS PER SEMESTER**.  More may result in removal from your position and the council.  **NOTE: THREE TARDIES = 1 ABSENCE**

1. **ALL STUDENT MEMBERS MUST FOLLOW THE FBISD HANDBOOK**in addition to the Student Council Code of Conduct.

1. **PASSING GRADES.**Members must be passing all of their classes in order to attend any off campus function. Failing report card grades may result in removal from the council

**I have read and understand that Student Council Officers are to adhere to the code of conduct listed above and realize that a violation could result in removal from Student Council.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your online application must be completed no later than 4pm on 09/01/2021 for your name to appear on the ballot.**

**STUDENT COUNCIL REPRESENTATIVE ELECTIONS**



1.  Election of Student Representatives by the Student Body will be held during the fall semester.

2.  Twenty-five representatives will be chosen by popular vote from each grade level. These students will serve with their class officers on the 2021-2022 Student Council.

3.  Campaigning will begin Monday, 09/06/21 at 7am and ends Friday, 09/10/21 at 3pm. See attached “Student Council Campaign Guidelines” for allowed and prohibited campaign materials.  You do not have to campaign, but you must still initial and turn in a copy with your packet.

4.  The top 25 candidates with the most votes will be their respective class representative(s).

5.  All materials must be approved prior to being posted.

6.  Candidates will be disqualified if rules are not followed.

7.  The candidate Election Packet must be turned in to dullesstuco@gmail.com no later than 4:00 pm on **Wednesday, Sept. 01, 2021.**

8.  Voting will be held 09/06/2020 through 9/10/2020 on dulles.voting4schools.com. All Dulles students are eligible to vote and an I.D. number is required for voting.

9. Election results will be posted via the Stu.Co Twitter account the following Monday. All students voted in to the Student Council are required to attend the first full council meeting.

10. If elected, you must paid dues. The date for dues to be paid in full is TBD.

I have read and understand the rules.  I understand that if they are not followed, I will be disqualified.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT COUNCIL CAMPAIGN GUIDELINES**

READ THE FOLLOWING STATEMENTS AND ***INITIAL*** THAT YOU UNDERSTAND EACH ONE

1. All campaign materials must be approved by Ms. Michalis and/or Mrs. Kirkpatrick prior to posting. Materials posted without approval will be taken down immediately and disposed of. **\_\_\_\_\_**
2. Fliers, buttons, handbills, t-shirts, food/gum of any kind are NOT allowed.  **\_\_\_\_\_\_**

1. No abbreviations, contractions, spelling, or grammatical errors.  **\_\_\_\_\_\_**

1. All campaign materials MUST be removed by 3:00pm on Friday, Sept. 10th or your name will be stricken from the ballot. **\_\_\_\_\_\_**

* **If candidates are not eligible to run for office, they will be notified by Friday, September 3rd.**
* **Campaigning can begin on Monday September 6th to Friday September 10th pending all documentation has been turned in by the candidate.**
* **Voting will be held on Monday September 6th through Friday September 10th. You may campaign the entire week of voting if your campaign content HAS BEEN APPROVED.**
* **Voting will be held via dulles.voting4school.com and students will be notified of the election results on Monday, September 13th 2021.**

**I read and understand all of the rules. If not allowed, I may be disqualified.**

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPONSOR/FIELD TRIP**

**RELEASE FORM —TRAVEL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**(Student name — please print)**

do pledge to uphold all student policies of the Fort Bend ISD. I understand that I am governed by the same rules on any sponsored trip or activity as if I am at school. I understand that possession of, having used, or being under the influence of drugs and/or alcohol are prohibited and the school's authority to enforce the policy includes the right to inspect personal luggage, lodging accommodations, transportation vehicles, etc. I understand that any infraction will be dealt with according to Fort Bend ISD Code of Conduct guidelines and may result in my being sent home immediately at my parents’/guardians’ expense from a trip or activity.

**(Student's Signature)(Age)(Date of Birth)**



I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**(Parents' /Guardians name)**

being the legal parent/guardian of,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,

**(Student name — please print)**

give my full permission for my child/ward to attend any sponsored and/or related event or activity. Furthermore, I do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury or illness, the Fort Bend ISD, Dulles High School, and their administrative/faculty personnel.

I further consent to the treatment of by the medical

**(Son/Daughter/Ward)**

facilities of a Public Health Service or civilian physician/medical facility as required in the event of any illness/accident arising. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his or her care.

**MEDICAL INFORMATION**

My son/daughter/ward has been determined to have the following allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

He/she requires medication for the treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Our family doctor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In case of emergency, he/she may be reached at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We are covered by hospitalization through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **(Name of Insurance Company)**

**This form must be completed for your name to appear on the ballot.**