**Superintendent’s Student Advisory Council**

The Student Advisory Council will meet three times with State School Superintendent-elect Richard Woods to discuss how decisions made at the state level are affecting students throughout Georgia. Members are advisors and act as liaisons between the Department of Education and the students of Georgia. All students in grades 7-12 are eligible to apply. Meetings will be held in **February, March, and early May** (subject to change). To be eligible for the council, this application must be received by **January 16, 2015**.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female\_\_\_ Male \_\_\_ Race\_\_\_\_\_\_ Grade\_\_\_\_\_\_ GPA \_\_\_\_\_

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Name/Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions in a separate Word document. The answer for question 1 should be a minimum of 150 words and a maximum of 300 words. Applications not meeting these guidelines will not be considered.

1. Explain what ideas you have to impact the overall quality of public education in Georgia. How could your educational experience be improved?

2. Please list school and community activities.

I understand that if I am selected as a member of the 2014-2015 Student Advisory Council, I will be expected to attend **all meetings** held throughout the school year. I will also be expected to provide my own transportation and cover any expenses associated with the travel to the meeting destinations.

**Please scan and email this form along with the others by January 16, 2015.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date

All applicants will be notified in writing if they are selected to be a member of the 2014-2015 Student Advisory Council. Members will be chosen by a committee of Georgia Department of Education representatives.

If you have any questions please contact Ron Culver at 404-657-0144

Please email applications by **January 16, 2015,** to Ron Culver at rculver@doe.k12.ga.us