**Superintendent’s Student Advisory Council**

The Student Advisory Council will meet with State School Superintendent Richard Woods four times during the 2019-20 school year to discuss how decisions made at the state level are affecting students throughout Georgia. This position also includes service-oriented work on behalf of Georgia’s students, so applicants should have a strong interest in community service. All students in grades 7-12 are eligible to apply.

**Middle school students will meet** **October 21, January 15, and March 24 with a joint community service day on May 5.**

**High school students will meet** **October 22, January 16, and March 25 with a joint community service day on May 5.**

All meetings will take place in Atlanta. For those students who are chosen and live 50+ miles outside Atlanta, overnight lodging is provided.

**To be eligible for the council, this application must be received by August 31, 2019 at 5 p.m.**

Students who are selected for the council will be notified directly by email on September 16, 2019, and the full list of selected students will be posted at GaDOE.org/studentadvisory the same date.

**Please note:**

We are seeking a range of students with diverse perspectives for the Student Advisory Council. Questions such as GPA are included to ensure we are not selecting, and receiving feedback from, *only* those students who are highest-performing. There is no required GPA to participate in the Student Advisory Council.

Please complete the information below. This application must be completed **legibly** to be considered. We strongly suggest submitting a typewritten application.

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

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

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

County of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Counselor’s Name/Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

RESA District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Regional Educational Service Agency)

\*Please note that we communicate via email with Student Advisory Council members and parents. Your application MUST include an accurate, legibly written email address.

\*\*GPA is not necessary for middle school students. You may leave the field blank.

Please answer the questions below, following the listed minimum & maximum word requirements.

1. Explain what ideas you have to impact the overall quality of public education in Georgia.

How could your educational experience be improved? **(minimum 50 words/maximum 150 words)**

1. A component of this advisory council is community service work. What kind of service opportunities have you participated in? **(minimum 50 words/maximum 150 words)**

1. Please list school, community, and leadership activities. **(minimum 50 words/maximum 150 words)**
2. Please list one activity you hope to experience if selected to participate in the 2018-2019 Student Advisory Council. **(minimum 50 words/maximum 150 words)**
3. Please list any food allergies and/or dietary restrictions. **(no minimum or maximum)**

By signing this form you signify your understanding that if you are selected as a member of the 2019-2020 Student Advisory Council, you will be expected to attend **all meetings** held throughout the school year. If you miss two meetings you will be removed from the council. You will also be expected to provide your own transportation to and from the meetings.

Student’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

***Note: Applications must include original signatures to be considered. Applications received with electronic signatures will not accepted.***

Please email applications by **August 31, 2019 at 5 p.m.** to students@doe.k12.ga.us