(School Name) School Community Council Candidate Form

S	erving	Λn	the	School	l Comm	unity	Coun	cil
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Serving on the School Community Council											
Serving on our School Community Council is a wonderful way for parents and teachers to contribute and help improve academic performance at our school. The school receives an annual dividend from the school trust lands. Our council decides how these funds will be used. This year our school received from the School LAND Trust Program. The council reviews and prepares other academic plans for our students each year. All plans are reviewed for final approval by our school board. Councils also											
									act in an advisory capacity to school and school d		
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									Qualifications		
									Every public school in Utah has a School Community Council. The councils are made up of school		
employees who are elected by employees and parents who are elected by parents of students attending											
the school. Membership terms are for two years. Elections are held at the beginning of each school year.											
Parent members must have a student attending the school at least one of the two years of their term of service. Employees must be employed by the school district at the school.											
									For more information please visit <u>www.schoollandtrust.org</u> .		
To more mormation please visit www.schoonan	iuti ust.org.										
Please fill out EITHER the Parent member inform	ation OR the Emp	loyee member information.									
The form is due to the school principal before:											
The School Community Council Election will be he											
											
YES! I would like to serve o	n the School Co	ommunity Council									
1251 1 Would like to serve o		ommunity doublem									
Parent/Guardian Information:											
Parent/Guardian Printed Name:											
Phone: Email:											
	Name	Grade									
I am the parent/guardian of students:											
I am also a licensed employee of this school distri	ct. Yes	No C									
School Employee Information:											
CI ID I D' LIN											
School Employee Printed Name:											
School Employee Printed Name:Phone: Email:											

Signature

Date