

ASB STUDENT COUNCIL



ASB Student Council Application

This class is for students who are ready and willing to take on the serious commitment working alongside the ASB Student Council to take on challenging situations and decisions in our school and culture. If you are ready to make the commitment to Leadership, Culture and Change at LHS, please fill out this application and submit it to Mr. McHill in Room 109.

(This class is NOT *Activities Leadership*. This class deals with community, school and ASB topics. If interested in *Activities Leadership*, see the appropriate application.)

Name: _____

Grade: _____

Cell Phone: _____

Age: _____

Address: _____

Email: _____

Why do you want to be in ASB Student Council? _____

WHAT DO YOU DO?

School Activities: _____

Have you had an ASB role at LHS? YES NO If YES please describe: _____

Do you have a job? YES NO If YES, please describe: _____

Do you now hold any leadership roles at LHS? (Clubs, sports, activities...)

Responsibility and dependability are crucial characteristics for Leadership students. Please answer the following questions honestly.

1. Have you ever received an "F" on an official grade report?

If "yes", please attach a letter of explanation.

YES or NO

2. Do you have any unexcused absences on your record this school year?

If "yes", please attach a letter of explanation.

YES or NO

Please ask your teachers to fill out the grid below describing you in categories of GRADE, ATTENDANCE and BEHAVIOR. One or two adjectives for each will be perfect. Be sure to thank your teachers for doing this for you.

	CLASS	GRADE	ATTENDANCE	BEHAVIOR	TEACHER SIGNATURE
Per. 1					
Per. 2					
Per. 3					
Per. 4					
Per. 5					
Per. 6					
Per. 7					

Sign below. Turn in this sheet and all attachments to Mr. McHill, Room 109. Thank you!

Applicant Signature: _____ Date: _____