

O.L. Smith Student Council Application

Name: _____ Date: _____ Grade: _____

ON A SEPARATE SHEET OF PAPER, YOU NEED TO:

1. **Explain** why your **teacher** should recommend you for the Student Council.
2. **Explain** why your **classmates** should elect you in three or more sentences. Do not make promises that you know you can't keep. For example, doubling lunch time.

Use a separate sheet and attach to the application. Applications without these answers will not be considered.

Teacher Recommendation: Please have a teacher sign the following section.

This section should only be signed if the student meets the following requirements: minimum of 80% average in every class, has model behavior and is not overburdened by other club and sport activities.

Teacher name (print) _____

Teacher (signature) _____ Date _____

Additional Teacher Comments:

APPLICATION IS DUE BY 1/10/25

You may give it to Ms. Barr or Ms. Sara in the Counselling Office or leave it in their mailbox (located in the main office).