**(School Name)**

**School Community Council Candidate Form**

**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 district administrations.

**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 <https://schools.utah.gov/schoollandtrust/parentscouncils>

Please fill out EITHER the Parent member information OR the Employee member information.

The form is due to the school principal before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The School Community Council Election will be held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES! I would like to serve on the School Community Council.**

**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 district. Yes No

**School Employee Information:**

**School Employee Printed Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Signature Date