NICEVILLE HIGH SCHOOL

SCHOOL ADVISORY COUNCIL (SAC)

COME JOIN US! • COME VOTE!

Help strengthen our school by sharing your voice, ideas, and perspective. Complete this form to request placement on the SAC election ballot.

Submit form by: Aug 14, 2026	**Voting date/location:** Aug 17-21 in NHS front office

CANDIDACY REQUEST FORM

Name: _____	**Phone Number:** _____
Address: _____	**Email:** _____
Address Line 2: _____	**City / State / ZIP:** _____

I WOULD LIKE TO SERVE AS A

Please select one:

☐ **Teacher** ☐ **Educational Support Person** ☐ **Student**

☐ **Parent / Legal Guardian** ☐ **Community Representative**

Parent/Legal Guardian eligibility: You must be the parent or legal guardian of at least one student currently enrolled at Niceville High School.

Student 1: _____	**Student 2:** _____
Student 3: _____	**Student 4:** _____

CONNECTION TO OUR SCHOOL COMMUNITY

How are you a member of or connected to the Niceville High School community?

_____

_____

_____

YOUR INTEREST IN SERVING

Please describe why you would like to serve on the School Advisory Council.

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____