

Please consider my application for the following District Committees:

Advisory Council for Education (ACE)
Facilities Advisory Committee (FAC)
Technology Advisory Committee (TAC)

Budget Advisory Council (BATF)
Student Advisory Council (FAC)

District Committee Equity Team (DCET)
Special Ed Advisory Committee (SEAC)

Applications are currently being accepted for Student Advisors to various District Committees. To be eligible, you must be a high school student next fall and be in good academic standing.

These positions are a one-year commitment with an option to renew your application for an additional year. Student Advisors are expected to attend all Committee meetings (generally, one each month). Students selected for ACE, BATF, DCET, and FAC, SEAC and TAC automatically become SAC members, which also meets once a month.

The Student Advisors will be full participants, and will comply with all requirements as outlined in the Charter for their Committee.

Full Name	<input style="width: 90%;" type="text"/>	Prefers to go by:	<input style="width: 90%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
City	<input style="width: 25%;" type="text"/>	Zip	<input style="width: 15%;" type="text"/>
Email	<input style="width: 80%;" type="text"/>		
Home Phone	<input style="width: 30%;" type="text"/>	Cell Phone	<input style="width: 40%;" type="text"/>
Name(s) of Parent(s)	<input style="width: 100%;" type="text"/>		
High School	<input style="width: 40%;" type="text"/>	Current Grade	<input style="width: 10%;" type="text"/>

I understand the duties, responsibilities, and time commitment required for this position and agree to perform to the best of my ability at all times during my appointment .

Signature _____	Date <input style="width: 80%;" type="text"/>
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RECOMMENDATIONS:

Parent/Guardian:

I have reviewed my son's/daughter's application and understand the responsibilities and time commitment that will be required of him/her. If selected for this position, I authorize the use of his/her directory information and photograph in connection with this role.

Parent/Guardian
Signature _____

Date

Administrator (Principal or Assistant Principal)

I believe this student will be dependable and make a valuable contribution as a Student Advisor.

Administrator's
Signature _____

Date

Printed Name

Teacher, Club Advisor, Coach, or Counselor

I believe this student will be dependable and make a valuable contribution as a Student Advisor.

Staff Member's
Signature _____

Date

Printed Name

Why are you interested in being a Student Advisor?

How will the District and the Committee benefit by you being selected for this position?

Student Advisor District Committees Application (cont.)

How do you think you will benefit from this position?

Extra-Curricular Activities (inside and out of school):

What are your education goals?

You may attach an additional sheet if more space is needed for any of your answers.

**Completed & Signed Application Must Be Received
No Later Than **April 30, 2025** at 4:00 pm**

Please mail or scan and email to:
Debbie Montgomery, Sr. Executive Assistant to the Supt.
Arlington Public Schools
Administrative Office
315 N. French Ave.
Arlington, WA 98223

Questions:
debbie.montgomery@asd16.org
(360) 618-6202

Anticipated Timeline

March 17, 2025	Position Open Applications Available
April 30, 2025	Applications Due to District Office by 4:00 pm
May 1 & 2, 2025	Screening & Scheduling of Interviews
May 8 & 9, 2025	Interviews (after school)
May 16, 2025	Selection and Notification
June 9, 2025	Introduced at School Board Meeting, 6:00 pm First meeting (<i>Date to be Determined</i>) Introduction to Council/Team/Committee Members - Begin Term (September 2025 - June 2027)