

# Snow Canyon High School

## School Community Council Candidate Form (updated 7/2/19)

### 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. Every year our school receives an annual dividend from the school land trust and our council decides how these funds will be allocated (this year our school received approximately \$136,000.00 from the School Land Trust Program). The council also reviews academic plans for our students each year and acts in an advisory capacity to school administration. All plans are submitted for final approval to the school board.

### Qualifications

Every public school in Utah has a School Community Council. The councils are made up of certified school employees and parents of students. Membership terms are for two years and elections are held at the beginning of each school year. Parent members must have a student attending SCHS at least one of the two years of their term of service. Certified employee members must be employed by the school district at SCHS.

For more information please visit [www.schoollandtrust.org](http://www.schoollandtrust.org)

You can also view current members, meeting dates, agendas, membership application, and minutes etc. at: <http://scwarrior.net/community-council/>

Please fill out the Snow Canyon High School candidate form below if you are interested in serving and being on the ballot for council elections. All parents/guardians of a current SCHS student will be allowed to vote for parent candidates and certified employees of SCHS will vote for employee candidates.

The form is due to the school Assistant Principal, Mr. Paul Hurt within the first 10 days of school. You may email it ([paul.hurt@washk12.org](mailto:paul.hurt@washk12.org)) or deliver it in person.

The election will be held (if needed) on the 2<sup>nd</sup> Tuesday of September.

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

### Printed Name:

Phone:

Email:

Name

Grade

I am the parent/guardian of the following SCHS students:

I am a licensed employee of WCSD & SCHS:

Yes

No

Signature

Date

----- (if sending electronically, please type your name)