CLASS OFFICER APPLICATION / SIGNATURE PAGE

Name of Candidate:	Class of:
Five teachers in support of your candidacy fro	om this school year:
Names (Printed)	Signatures
,	G
1	1
2	2
3	3
4	4
5	5
One Class Advisor (only if you are presently a	member of Student Leadership) verifying you
are an active, contributing Class Officer:	
Name (Printed)	Signature
1	1
Candidate's Name	
I have read and will comply with all requirem	ents for candidates for a Class Officer position:
Name (Printed)	Signature
1	1
After a review of behavior and attendance, the	nis candidate's application is approved.
Administrator's Signature	