

Leesville Road High School PTSA – Student Application

Full Name _____

Email _____

Telephone number _____

Current Grade Level _____

2nd Period Teacher _____

Personal Qualities

Please identify (with a ✓) which of the following qualities apply to you. You may choose more than one:

_____ Tactful

_____ Professional

_____ Organized

_____ Engaged With School

_____ Able To Communicate with Various Members of School Community (both students & staff)

_____ Able To Meet Deadlines Without Expecting/Requiring Extensions

Personal Response

Please respond to the following:

1. Why are you applying to be a member of the LRHS PTSA? What do you hope to gain by being on this team?

2. In addition to those listed under personal qualities above, what would make you an excellent candidate for this position?

3. To what other school activities (i.e., teams, clubs, etc.) are you already committed?

Teacher Recommendation

Please secure recommendations from **two** LRHS teachers. See attached form.

Student Acknowledgement of Responsibility

If selected for a position on the PTSA, I agree to the following:

I will attend board meetings (every other month)

I will actively listen to PTSA planning/discussion

I will participate in PTSA activities

I will offer my perspective

I will be professional, tactful, on time and respectful

Student Signature _____

Date _____

This application is due _____ .

It is to be submitted to _____ **on/before this date.**

Teacher Recommendation ~ Student Application for PTSA

*Thank you for offering your insight about this student who is applying to be a member of the LRHS PTSA. After selecting one of the two options below, please return this form to The PTSA box in the mailroom, **ATTN: PTSA Student Board Application***

Student Name _____

I _____ (teacher's printed name) recommend this student to be a member of the PTSA Student Board be a positive influence on the team, will participate in team activities, will attend scheduled meetings, and will provide insightful student perspective.

Teacher Signature _____ Date _____

COMMENTS (Optional, but any additional insight would be helpful.)

I _____ (teacher's printed name) **DO NOT** recommend this student to be a member of the PTSA Student Board. **I DO NOT** believe he/she will be a positive influence on the team, will participate in team activities, will attend scheduled meetings, and will provide insightful student perspective.

Teacher Signature _____ Date _____

COMMENTS (Optional, but any additional insight would be helpful.)

Teacher Recommendation ~ Student Application for PTSA

*Thank you for offering your insight about this student who is applying to be a member of the LRHS PTSA. After selecting one of the two options below, please return this form to The PTSA box in the mailroom, **ATTN: PTSA Student Board Application***

Student Name _____

I _____ (teacher's printed name) recommend this student to be a member of the PTSA Student Board. I believe he/she will be a positive influence on the team, will participate in team activities, will attend scheduled meetings, and will provide insightful student perspective.

Teacher Signature _____ Date _____

COMMENTS (Optional, but any additional insight would be helpful.)

I _____ (teacher's printed name) **DO NOT** recommend this student to be a member of the PTSA Student Board. **I DO NOT** believe he/she will be a positive influence on the team, will participate in team activities, will attend scheduled meetings, and will provide insightful student perspective.

Teacher Signature _____ Date _____

COMMENTS (Optional, but any additional insight would be helpful.)