

CARDINAL COUNCIL

CLASS OFFICER ELECTION APPLICATION

Name: _____ Grade you are in: _____

Class Office seeking for election: _____

G.P.A. : _____ (must be completed and initialed by a school counselor) Counselor's Initials: _____

Teachers are asked to sign below to indicate that this student has **exceptional conduct**, a grade point average of **2.67 or above**, and is **not** in violation of the attendance policy in their class. Upon signing, please select the appropriate check box below so that the Cardinal Council advisors and administration can follow-up and determine the student's eligibility to participate.

ODD:

_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended

EVEN:

_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended
_____ highly recommended recommended with reservations not recommended

One administrator is asked to sign below to support your recommendation:

_____ highly recommended recommended with reservations not recommended

List extracurricular activities you are involved in:

I understand that if I receive this position, I am accepting the responsibility of representing Brighton High School in a positive way at all times no matter the circumstances. I will be expected to follow all rules in accordance with the Brighton High School Cardinal Council Constitution.

Signature of applicant: _____ Date: _____

By signing below, I understand that if my child obtains the position he/she is applying for, he/she will gain the responsibilities brought forth by the office in which he/she has accepted and the rules/regulations as set forth in the Brighton High School Cardinal Council Constitution.

Signature of guardian: _____ Date: _____

NOTE:

*If running for class office, you must get **50** signatures from **50 different** members of YOUR class.

You must also turn in **4 teacher recommendation forms.

Candidate Name/Grade:

_____ / _____

Office Seeking:

1. _____

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CARDINAL COUNCIL TEACHER RECOMMENDATION FORM

Student's Name: _____ Grade: _____

Class office applying for: _____

Teacher's Name: _____

Please rate the student on a scale of 1 thru 10, with 1 being the least on the scale and 10 being the best on the scale...

_____ 1. Responsibility

_____ 2. Participation

_____ 3. Positive Influence

_____ 4. Teamwork Oriented

_____ 5. Dependability

_____ 6. Conduct (i.e., abides by BHS dress code, cell phone policy, attendance policy)

_____ 7. Attitude

_____ 8. Leadership Ability

_____ 9. Accountability

_____ 10. Appropriate Maturity

Please leave any additional comments in this space (continue on reverse if needed)...

Please fold, secure and return completed form to M. Wilson (RM #214) or Y. Bierdz (Rm #125). THANK YOU for your time.

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