

Name: _____

Date Received:

Homeroom Teacher: _____

Thank you for deciding to run in the election for the 2016-2017 School Year Burleigh Manor Middle School Student Council. The Student Council, also known as SGA (Student Government Association) is composed of 12 dedicated, eighth grade students prepared to work towards positive change for the betterment of their school. We are looking forward to reading your responses and meeting with you soon to discuss your ideas for SGA and see what you have to offer!

Please read through each section of this packet and respond appropriately. Return this packet with all requirements included to **Ms. Valance in Room 124** no later than **Monday, May 23rd**. If you have any questions you may email Ms. Valance at kelsea_valance@hcpss.org.

Thank you and good luck!
2016 BMMS Student Council

I. Student Information

Name: _____

3rd Quarter Grade Average: _____

1. **What after school activities are you involved in both through BMMS and the Howard County community? Please list (*sports, clubs, volunteer work, etc.*)**

2. **What is your favorite school subject and why?**

3. **What are three adjectives you think your friends would use to describe you?**

4. What would you consider your spirit animal? Why?

II. Ideas and Opinions for the BMMS SGA

5. In a brief paragraph, please describe why you would like to be a part of the BMMS Student Council.

6. Two major components of SGA are organizing social and service events for Burleigh Manor. We also like to contribute to the local and global communities by providing services where and when we can. What ideas do you have for the SGA to spearhead in the next school year?

Social & School Spirited?

Service/Volunteer Work?

III. Teacher Recommendations

Please visit and speak with **three** Burleigh Manor teachers and/or staff members and ask for their signature of approval and recommendation of you to run in the Student Council Election. When you ask for their signature, please share with your teacher *why* you want to run for Student Council and why you feel you are the best candidate for the job!

	Print Name	Signature	Date
1.			
2.			
3.			

Packet due Monday, May 23rd to Ms. Valance in Room 124

Please have your parent/guardian sign the attached permission slip in order to attend a meeting in Ms. Valance's room on Tuesday, May 24th afterschool school from 2:45-4PM. If you cannot attend the meeting, please let Ms. Valance know when you submit your packet.

BURLEIGH MANOR MIDDLE SCHOOL
4200 Centennial Lane • Ellicott City, MD 21042

John DiPaula
Principal

Kimberly Scaife
Assistant Principal

AFTER-SCHOOL ACTIVITY PERMISSION SLIP

The following after-school activity is being held at Burleigh Manor Middle School. Students may only participate if they have turned in this permission slip signed by parent/guardian and have **prearranged** for a ride. Any change in the following schedule will be announced in advance. Cancellations will only occur due to inclement weather or emergencies. Because of this possibility please make sure your child knows what plans he/she should follow to get home **before** this situation should occur. On days your child is unable to attend, he/she should provide a note to the sponsors. Students will need to dress appropriately. All students are expected to follow school policies and procedures.

Students are expected to bring this permission slip back to the sponsoring teacher **before 8:00 AM of the first day of the activity, or earlier. No requests to call for permission over the telephone will be granted.** If a child forgets to bring in a **signed** permission slip before 8:00 AM, he/she must take their regular transportation home on that day.

Please keep this part of the permission slip in a safe place so you and your child will know which days he/she will be at school and will need a ride home.

After-School Activity: Student Council Election Candidate Meeting

Day(s) of the week program will take place: Tuesday, May 24, 2016

Date(s) of After-School Activity: 5/24/16

Beginning Time: 2:45

Ending Time: 4 pm

Sincerely,

Kelsea Valance

Sponsor - SGA Advisor

This form must be turned in by 8:00 AM of the first day of the after-school activity, or earlier.

Permission for After-School Activity

* Student Name: _____ Activity/Teacher: Ms. Valance
Date(s): Tuesday, May 24th Time of Activity: 2:45 Pick up time: 4 pm

I will pick up my child at _____ My child has my permission to walk home.

* Parent Name: _____ * Parent Signature: _____

Home Phone Number: _____ Work Phone Number: _____

E-mail Address: _____

Emergency person and phone number: _____

No medications will be dispensed after the school day ends at 2:45 PM.

In the event of a medical emergency, 911 will be called.

