## KANAB MIDDLE SCHOOL School Community Council Candidate Form

## 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. The school receives an annual dividend from the school trust lands. Our council decides how these funds will be used. Last year our school received \$45,263.07 from the School LAND Trust Program. The council also reviews and prepares other academic and safety plans for our students each year. All plans are reviewed for final approval by our school board. Councils also act in an advisory capacity to school and school district administrations.

## Qualifications

Every public school in Utah has a School Community Council. The councils are made up of school employees who are elected by employees and parents who are elected by parents of students attending the school. Membership terms are for two years. Elections are held at the beginning of each school year. Parent members must have a student attending the school during one of the first two years of their service. Employees must be employed by the school district at the school. One parent position is available this year.

For more information please visit <u>www.schoollandtrust.org</u>.

Parent/Guardian Printed Name:

The form is due to the school principal before<u>: AUGUST 5, 2024</u> The School Community Council Election will be held<u>: AUGUST-Back to School Night</u>

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

| Phone:                             | Email:               |       |    |       |
|------------------------------------|----------------------|-------|----|-------|
|                                    | Nan                  |       |    | Grade |
| I am the parent/guardian of stude  | ents:                |       |    |       |
| I am also a licensed employee of t | his school district. | Yes 🗆 | No |       |
|                                    | Signature            | Date  |    |       |
| If answered yes please fill out in | nformation below:    |       |    |       |
| School Employee Printed Name       | :                    |       |    |       |
| Phone:                             | Email:               |       |    |       |