

**HAWAII STATE STUDENT COUNCIL
School Representative for SY 2019-2020**

High School: _____ District: _____

Legal Name: _____
First Last

Date of Birth: _____ Male or Female: _____
**Required for air travel.*

2019-2020 School Leadership Position: _____
Grade Level: _____ Current Cumulative GPA: _____

Home Mailing Address: _____
Street City Zip Code

Home Phone: () - _____ Cell Phone: () - _____

Email Address: _____

Medical Needs: _____ Dietary Restrictions: _____

Emergency Contact Information

Name of Parent/Guardian: _____

Home Phone: () - _____ Cell Phone: () - _____

Name of Student Activities Coordinator: _____

Phone: () - _____ Email Address: () - _____

I certify that the information on this application is correct.

Applicant's Signature Date

I affirm that the applicant is a student in good standing at my school and that the above is correct to the best of my knowledge.

Principal's Signature Date

Student Activities Coordinator's Signature Date

I am aware of the responsibilities of the Hawaii State Student Council (HSSC) Representatives. I consent to my child serving as a member of the HSSC. I understand that if he/she is selected, he/she will be attending HSSC General Meetings and HSSC Committee activities throughout the school year.

Parent/Legal Guardian Signature Date

Deadline: Please scan and email to tfrias@hawaiidoe.k12.hi.us by Friday, May 17, 2019.