

CASTAIC HIGH SCHOOL ASSOCIATED STUDENT BODY ELECTION 2025-2026 Application

Date: _____

This application packet must be turned into Mrs. Hanks in ASB (233) by the listed deadline. All required signatures and requested information must be completed. **Absolutely no late applications will be accepted.**

| Student Information | | | |
|---|--|---|--|
| Name: | | | |
| Class of: | Student ID Number: | | |
| Cumulative GPA | Cell Phone Numb | Il Phone Number: | |
| | | for (If you are running for Executive e, mark the Executive Office <u>and</u> Class n for.) | |
| President | Executive Council Vice PresidentSecretary | TreasurerAmbassador | |
| | Class OfficerCLASS= President | Vice President | |
| Please note that by sign | Recommendation | 2S o serve the Student Body of Castaic High School. | |
| | ing below you are recommending this student to | • | |
| 2 | | Teacher | |
| 3 | | Teacher | |
| 4 | | Teacher | |
| 5 | | Administrator | |
| All ASB Cabinet r and role models. I my position. I agree to attend all brunch and lunch, o I agree to abide by Deadlines handout from the election pressure. | understand that if I do not uphold these standard meetings and functions concerning ASB or after school hours (including weekends), all rules and regulations set forth by <i>Studi</i> as well as Student Body Constitution. I un | of Castaic ASB. ASB Cabinet members are leaders ndards both on and off campus, I may have to forfeit that may be called at any time before school, during tent Government Elections Requirements, Dates, and derstand that failure to do so may result in a removal | |
| Student Signature: | | Date: | |
| Parent/Guardian Name: | | _ | |
| Parent/Guardian Signature: | | Date: | |