APPLICATION FOR Associated Student Body

2023-2024 SCHOOL YEAR

PERSONAL INFORMATION (Fill in all applicable information)

LAST NAME:	FIRST NAME:	EMAIL ADDRESS:
COUNSELOR'S NAME:	Returning A.S.B. member? Yes / No	CELL PHONE NUMBER:

CLASS SCHEDULE

PERIOD	CLASS NAME	TEACHER

LEADERSHIP EXPERIENCE

Have you ever held a leadership position? ☐ NO ☐ YES

POSITION HELD: _____

LIST & DESCRIPTION OF DUTIES: _____

Which position(s) would you like to consider doing? Officer positions are chosen through elections.

☐ President ☐ Vice-President ☐ Treasurer ☐ Secretary ☐ ASB Member

QUESTIONS	Write your answer:
1. Why would you like to be a part of Garfield's Associated Student Body?	
2. What makes you a good person for ASB?	
3. How have you shown responsibility?	
4. How will you set a good example for other students?	
5. Are you willing to work with other students as a team?	

STUDENT CONTRACT

I, _____, agree to the following commitments upon my acceptance into Garfield High School's Associated Student Body:

1. I agree to attend all meetings and be attentive to what we are discussing, as well as be an active participant during meetings.
2. I agree to behave in a way that demonstrates respect for staff and students at this school.
3. I agree to keep my grades up and I understand that if I earn a failing grade or citizenship grade of a "U," I will be dropped from A.S.B.
4. I agree to be a role model for other students by showing up to school everyday and on time.
5. I agree to help with A.S.B. events that require extra time and effort, apart from attending A.S.B. meetings.
6. I agree to work in the student store at least once a week (sometimes more), during lunch.
7. I agree to do my best to work with and cooperate with other A.S.B. members and I understand that this class is not about what is best for me, but what is best for the school!
8. I understand that meetings are held in room 205 every **Monday from 2:50-3:45, and every Thursday during the lunch period, from 11:30-11:55.**

Student signature:_____ Date:_____

PARENT/GUARDIAN CONSENT

Parent(s)/guardian(s) of a student who is accepted into ASB must understand that **ASB is a two-quarter commitment** and will earn a scholarship and citizenship grade as an elective course. Your student must not receive F's in any class, and must maintain good citizenship throughout his/her academic year. If your student does not meet these requirements, he/she may be removed from ASB.

If your student is accepted into ASB, he/she is required to work in the ASB store during his/her lunch time. Additionally, they may be required to work at school events or attend functions during and beyond the school day. Dates and times of events will vary and transportation may need to be provided. **Student attendance and participation are vital in this class.**

ASB meetings are held every Monday 2:50-3:45, and Thursdays during lunch, 11:30-11:55.

Please sign below acknowledging the above information and giving permission for your child to apply for the ASB class. _____ Parent/Guardian Printed Name

_____ Parent/Guardian Signature