

BERKLEY SCHOOLS

NORUP INTERNATIONAL SCHOOL WWW.BERKLEYSCHOOLS.ORG

Norup International School Student Council Membership Application

Name:	Grade:
4 th Hour Teacher: 6 th Hour Teach	ner:
Were you a member last year? Yes No	
If yes, did you hold an office? Yes No	
If yes, what office?	
Please explain why you should be considered for membersh	ip of Student Council.

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Student Council Description and Application Agreement

Student Council is a club that is open to all 7th and 8th grade Norup International students who are interested in working collaboratively with their peers to plan and carry out various school activities, such as fundraisers, spirit assemblies, and the 8th grade dance. Meetings are held once a week during lunch, but members are expected to participate in all events put on by Student Council; this will require members to stay after school for some events. There may also be times when members miss a portion of an academic class (as long as the teacher of that class gives permission). Students who apply for membership are not guaranteed a position in the club. Students who were members in the past are not guaranteed membership the following year. Members who do not uphold the expectations of NIS regarding behavior, academics, or other important areas may lose the privilege of being a part of Student Council at any point throughout the year. These expectations are held whether the student is on or off school property.

I have read the description of Student (my child) become a member.	Council and understand the expectations of the club should
Student Name	Student Signature
Parent/Guardian Name	 Parent/Guardian Signature



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Staff Recommendation for NIS Student Council Membership

Please place the completed recommendation form in Ms. Dixon's mailbox in the Main Office. Please do not give this recommendation back to the applicant.

Applicant's Name:					
NIS Staff Person's Name:					
Teacher:	Coach:	Club Adviser:	Other:		
Number of Semesters/Years of Student Contact:					
On a scale of 1 (low) to 5 (high), please rate the applicant based on the following criteria:					
Leadership Skills:		Not Observed:	<u></u>		
Self Confidence:		Not Observed:	<u> </u>		
Friendliness:		Not Observed:	<u> </u>		
Compassionate:		Not Observed:	<u> </u>		
Maturity Level:		Not Observed:	<u> </u>		
Personal Initiative:		Not Observed:	<u> </u>		
Reaction to Setbacks:		Not Observed:	<u></u>		
Works Well with Othe	ers:	Not Observed:			
Work Ethic:		Not Observed:			
Overall Recommendation for NIS Student Council Membership					
Please circle one:					
Not Recommended	Reco	mmended	Highly Recommended		
Signature:			Date:		