



STUDENT ADVISORY COUNCIL NOMINATION FORM 2010 – 2011 SCHOOL-YEAR

Name of Student: _____ Junior or Senior (please specify) _____

Student's E-mail Address: _____ Student's Parent/Guardian: _____

Parent/Guardian Home Phone: _____ Parent/Guardian E-mail: _____

Student's Home Address: _____ City: _____ Zip: _____

High School: _____ Principal: _____

E-mail Address of Principal: _____ School Phone: _____

School Address: _____ City: _____ Zip: _____

Reason for Nomination: _____

(Student Signature) (Date) (Principal Signature) (Date)

INSTRUCTIONS: Please fax to us at 620-675-8396, or mail to SWPRSC, Box 1010, Sublette, KS 67877 by Sept. 15, 2010. If you have questions, please contact Jara Wilson at jara.wilson@swplains.org, phone: 620-952-0448. Thank you!