



DIVISION OF INSTRUCTION
ACCESSEQUALITYACCELERATION
Student Involvement, Development and Empowerment Unit



**STUDENT BOARD MEMBER
2018-2019 APPLICATION PACKET**

INSTRUCTIONS and GUIDELINES

Eligibility: Only LAUSD high school students who will be seniors (12th Grade) in the 2018-2019 school year are eligible to submit an application.

A COMPLETE application packet will include the following:

1. Application
2. Written response
3. Most recent high school transcripts showing current grades
4. Three (3) letters of recommendation from the following stakeholders:
 - a. Student (from your school)
 - b. High school teacher (from your school)
 - c. Principal or designee (from your school)

DEADLINE

Application packets are due to the Parent, Community and Student Services by **5:00 PM on Friday, March 9, 2018.**

Packets may be emailed or faxed to:

Dr. Brenda Manuel
Email: **brenda.manuel@lausd.net**

Please email or fax complete application to:
Dr. Brenda Manuel
Email: brenda.manuel@lausd.net
Fax 213.481.3392

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APPLICATION DEADLINE:
March 9, 2018 5:00 PM
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WRITTEN RESPONSE

Please use separate sheets of paper to answer the following questions. Your responses must be included in your application packet. Limit your responses to no more than three (3) pages in total.

- 1) Tell us about yourself – list your academic achievements, honors, extra-curricular activities, and work experience (if applicable).
- 2) Identify and discuss what you consider the most challenging issue that is affecting students in the public education system in Los Angeles. Why do you consider this a challenge for students? What can students do to make a difference?
- 3) Why do you want to serve as the Student Member of the Board of the Los Angeles Unified School District Board of Education? What contribution will you make in this role?

Thank you for your interest in becoming the next LAUSD Student Board Member. Please review your packet for accuracy and completeness. We wish you the best of luck in this and all future endeavors.

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NAME (Last, First, Middle Initial)		BIRTHDATE (mm/dd/yyyy)	HOME PHONE NUMBER (include Area Code)
HOME ADDRESS (Street, City, State, Zip Code)			
STUDENTS' LAUSD EMAIL ADDRESS		PARENT(S) NAME	PARENT(S) CONTACT NUMBER
NAME OF HIGH SCHOOL		NAME OF PRINCIPAL	
SCHOOL ADDRESS (Street, City, State, Zip Code)			
SCHOOL PHONE NUMBER (include Area Code)		LOCAL BOARD DISTRICT #	
APPLICANTS' GRADE LEVEL FOR 2017-2018 – (only seniors are eligible) <input type="checkbox"/> Senior		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
ETHNIC/RACIAL GROUP (Response is optional)			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Filipino	
<input type="checkbox"/> Asian		<input type="checkbox"/> White, not Hispanic	
<input type="checkbox"/> Black, not Hispanic		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Pacific Islander	

Three (3) letters of recommendations (1. fellow student, 2. High School Teacher and 3. High School Principal) MUST accompany your application. In the spaces below please, provide information about your three references. Transcripts MUST also accompany your application.

1	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION
2	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION
3	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION

SIGNATURES

I certify that the essays written and submitted with this application represent my work.

 Date Signature of Student

I understand that my support will be essential in making my son/daughter a successful Student Member of the Board of Education.

 Date Signature of Parent or Guardian

APPLICATION CHECKLIST

Have you included?

- COMPLETE APPLICATION
- WRITTEN RESPONSE
- TRANSCRIPTS
- THREE (3) LETTERS OF RECOMMENDATION (STUDENT, TEACHER, PRINCIPAL)