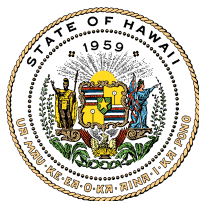


JOSH GREEN, M.D.  
GOVERNOR



KEITH T. HAYASHI  
SUPERINTENDENT


**STATE OF HAWAII**  
**DEPARTMENT OF EDUCATION**  
**KA 'OIHANA HO'ONA'AUAO**  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF CURRICULUM AND INSTRUCTIONAL DESIGN

March 8, 2024

**Due: 05/17/2024**

TO: Complex Area Superintendents  
High Schools Principals  
Student Activities Coordinators

FROM: Teri Ushijima, Ed.D.   
Assistant Superintendent

SUBJECT: Hawaii State Student Council Representatives for School Year 2024-2025

The Hawaii State Student Council is requesting your assistance in identifying one student from every public high school to serve as a council representative. Schools may designate their president, vice president, or other school-wide student government leader.

The student will serve from June 1, 2024 to May 31, 2025, and will be expected to participate in statewide meetings held on Saturdays, holidays, and during school breaks from 9 a.m. - 5 p.m. at sites on Oahu. The Student Activities Program will provide transportation for neighbor island representatives. Oahu representatives will need to arrange for their own transportation.

The selected student must complete and submit the "Hawaii State Student Council School Representative for SY 2024-2025" form by email to [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us) no later than Friday, **May 17, 2024**.

Should you have any questions, please contact Ms. Tiffany Frias, Educational Specialist for the Student Activities Program, at (808) 784-6504 or via email at [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us).

TU:tf  
Attachment

c: Superintendent  
Deputy Superintendents  
Assistant Superintendents

**HAWAII STATE STUDENT COUNCIL  
School Representative for SY 2024-2025**

High School: \_\_\_\_\_ District: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
*\*Required for air travel.*

SY 2024-2025 Leadership Position: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
*Street City Zip Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Medical Needs: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

**Emergency Contact Information**

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name of Student Activities Coordinator: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: ( ) \_\_\_\_\_

I certify that the information on this application is correct.

\_\_\_\_\_  
*Applicant's Signature Date*

I affirm that the applicant is a student in good standing at my school and that the above is correct to the best of my knowledge.

\_\_\_\_\_  
*Principal's Signature Date*

\_\_\_\_\_  
*Student Activities Coordinator's Signature Date*

I am aware of the responsibilities of the Hawaii State Student Council (HSSC) Representatives. I consent to my child/ward serving as a member of the HSSC. I understand that if he/she is selected, he/she will be attending HSSC General Meetings and other HSSC Committee activities throughout the school year.

\_\_\_\_\_  
*Parent/Legal Guardian Signature Date*

**Deadline: Please send this form by email to [tiffany.frias@k12.hi.us](mailto:tiffany.frias@k12.hi.us) by Friday, May 17, 2024**