

HAWAII STATE STUDENT COUNCIL
School Representative for SY 2021-2022

High School: _____ District: _____

Legal Name: _____
First Last

Date of Birth: _____ Male or Female: _____
**Required for air travel.*

2020-2021 School 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 to tiffany.frias@k12.hi.us by Friday, May 15, 2020.