



Clark County School District Board of School Trustees

School Board Student Advisory Committee Application for Membership 2017-2018 School Year

APPLICATIONS DUE: On or before Friday, May 5, 2017, to the Office of the Board of School Trustees, 5100 West Sahara Avenue, Las Vegas, Nevada 89146, or by email to Cindy Krohn at clkrohn@interact.ccsd.net or fax at 702-799-0257.

NOTIFICATION OF APPOINTMENT: Students will be notified of their appointment to the School Board Student Advisory Committee on or before Friday, May 26, 2017.

PLEASE SEE INFORMATION REGARDING: Nevada Open Meeting Law (OML) and the Nevada Public Records Act on pages 4 and 5.

QUESTIONS REGARDING APPLICATION: Please contact the Office of the Board of School Trustees at 702-799-1072.

Name _____

Student ID _____

High School _____ Grade in 2017-2018 school year _____

GPA _____ (weighted) _____ (unweighted)

Contact number _____ Cell Phone _____

E-mail _____

Adult point of contact at your school (i.e. Assistant Principal, Student Council Advisor)

School Board Student Advisory Committee Application
July 2010; September 2011; September 2012; March 2014
April 2015; March 2017

Are you a member of student council? (not a requirement for committee membership) Yes No

Will you be able to attend a monthly meeting at the Clark County School District Administrative Center, located at 5100 West Sahara Avenue, Las Vegas, Nevada 89146, on the first Tuesday of each month? Yes No

Will transportation be an issue getting to the meeting? Yes No

Please answer the questions below in black or blue ink. Additional paper may be used and attached if necessary.

1. Why do you want to be on the School Board Student Advisory Committee?

2. What do you hope to accomplish if appointed to the School Board Student Advisory Committee?

3. Are you able to make the time commitment to be part of the School Board Student Advisory Committee?
Please explain.

4. List any involvement in school and community activities.

5. What topics would you like to see discussed at the School Board Student Advisory Committee meetings?

6. Please attach a reference letter from an administrator, teacher, coach, or community member.

7. Please attach a photo of yourself and a CCF-588 Annual Release and Network Access Form.

Principal/Designee signature of endorsement.

I endorse _____ (student name) as a candidate for the School Board Student Advisory Committee to the Board of School Trustees.

Date _____

Signature of Principal or Designee

Print Name

For Your Information: The School Board Student Advisory Committee operates according to the Open Meeting Law under Nevada Revised Statutes (NRS) Chapter 241. The legislative intent of this law is set forth in NRS 241.010:

- 1) The Legislature finds and declares that **all public bodies** exist to aid in the conduct of the people's business.
- 2) It is the intent of the law that their **actions** be taken openly and that their **deliberations** be conducted openly.

The Board of School Trustees of Clark County School District is one of those "**Public Bodies**" as defined in NRS 241.015(4) and as such, is mandated to operate under the Open Meeting Law. The School Board Student Advisory Committee is a subcommittee of the Board of School Trustees and hence, must also operate under the Open Meeting Law.

Please know that the following statements (which require both the student and the parent/guardian signatures) are merely meant to inform the student and the parent(s)/guardian(s) so that it will be understood that what is done and said during the Student Advisory Committee Meeting will become public record. Hopefully, this has increased your understanding and awareness without discouraging your participation. Again, if you have questions please feel free to call the Board of School Trustees Office 702-799-1072.

PARENT/GUARIDAN AND STUDENT, please both initial the following statements regarding Open Meeting Law.

Parent/Guardian Student I have read *Clark County School District Regulation 5130 School Board Student Advisory Committee* and the *Bylaws and Rules of the School Board Student Advisory Committee* and I agree to the commitments and to the expectations.

Parent/Guardian Student I understand that the School Board Student Advisory Committee meetings must comply with Nevada Open Meeting Law and that all School Board Student Advisory Committee meetings are considered to be public meetings which must be agendized, noticed posted, and be open to the public.

Parent/Guardian Student I understand that the Open Meeting Law allows any person(s) to attend the School Board Student Advisory Committee meeting as a public meeting and to give Public COMMENT on any subject or to give PUBLIC COMMENT on any agendized item which has the possibility of the committee taking action.

Parent/Guardian Student I understand that School Board Student Advisory Committee meetings are recorded with minutes of the meeting being taken, and the recordings and the minutes may be posted on the Internet and/or produced in response to a request under the Nevada Public Records Act.

Parent/Guardian Student I understand that this application, as well as all emails, correspondence and documents with reference to the workings of the School Board Student Advisory Committee are recognized as public documents under the Open Meeting Law and Public Records Act and are therefore subject to public records requests and will be released. The District will protect private student information by redacting (taking out) any personal information necessary to protect a student's privacy (e.g. student ID#, GPA, phone number, and email address).

Parent/Guardian Student I understand that media could be, and often is, in attendance at School Board Student Advisory Committee meetings and those portions of the meeting may be broadcast on television and/or appear in articles in print media. Members of the committee may also be approached by reporters for on-camera interviews and for interviews for print media.

If the student is under 18 years old, a parent or guardian signature must also appear below.

Date _____

Signature of Student Applicant

Date _____

Signature of Parent or Guardian