

Idaho State Department of Education

Permission to Participate



Signatures

I certify that the essay written and submitted with this application represents my own work.

Date	Signature of Student

I understand that my support will be essential in making my child a successful Student Advisory Council Member

Date	Signature of Parent/Guardian

I support this candidate's application and understand my support will be essential in making this candidate a successful Student Advisory Council Member.

Date	Signature of Principal or Guidance Counselor	Typed/Printed Name of Principal or Guidance Counselor