

STUDENT COUNCIL

Who: 4th and 5th graders. **What:** Student Council **Where:** Mrs. Wilson's 4th Grade room

When: Every other Thursday from 3:40-4:15 **Dates:** TBD

Why: To promote leadership, team building, to build confidence and to make a difference for our school and community.

Instructors: Mrs. Wilson, Mrs. Cloud and Ms. Shields

Questions? Contact Mrs. Wilson at Mead Elementary wilson_natalie@svvsd.org

4th and 5th grade students, please tell us why you want to be a member of the student council.

To join have your parents fill out the bottom of this form and return it no later than TBD

***** Student Council Permission *****

Return Completed registration to your child's teacher, and return it no later than TBD

Students Name _____ Teacher/Grade _____
Parent/Guardian _____ Phone _____ e-mail _____
Alt Phone _____ Emergency Contact/Pick up _____
ANY Allergies _____

Disclaimer: I give my permission for _____ to participate in this activity. I acknowledge that participation in this activity involves some risk of injury or death, and I assume these risks. I further acknowledge that the participant is physically capable of performing this activity. I release and hold harmless the St. Vrain Valley School District and its personnel from any liability for any injury or death arising from participation in this activity.

Signature of parent/guardian _____ **Date** _____

Photos: I give my permission to have my child photographed for school pictures/to participate in news media coverage. **Please circle one YES NO**

Walking Home: I give my permission for my child to WALK home after the activity. **Please circle one YES or NO, I will be picking up my child. (Please be on time to pick up your child)**

ADA Compliance: If you need assistance accessing our building or our programs, please notify the building principal at least 5 (five) working days prior to the event