

APPLICATION FOR MEMBERSHIP ON THE STATE BOARD OF EDUCATION

Name of Student: _____

Address of Student: _____
Street City Zip

Student Phone: _____ Student Email: _____

School District of Enrollment: _____

Number of Years Enrolled in District: _____ Number of Years Residing in Iowa: _____

Name of High School: _____

Present Grade Level (check): 10th 11th Date of Birth: _____

Cumulative High School Grade Point Average at the End of 1st Grading Period, 2021-2022: _____

Verified By: _____
Signature of Appropriate District Officer Title Date

District's Grading Scale (check): 4.0 5.0

Attach the following:

1. Typed or printed form describing your community and extracurricular activities.
2. District approval form completed and signed by superintendent or secondary principal.
3. Consent form completed and signed by parent or guardian.
4. Recommendation forms completed and signed by a high school teacher from whom you have received instruction, and an adult familiar with your community activities.
Two recommendations are required.
5. Typed or printed essay (maximum of one page) specifically addressing the following areas:
 - a. Describe your interest in serving on the State Board of Education.
 - b. Explain how your presence on the State Board of Education would benefit Iowa's education system in Iowa.
 - c. Address how you can represent all public high school students in Iowa.

In submitting this application, I certify that the information I have provided is true, and, if appointed, I pledge that I will support the State Board of Education and the Iowa Department of Education by my presence and participation to the best of my abilities.

Date

Signature of Student Applicant

Postmark or hand-deliver application and all attachments **on or before January 31, 2022**, to:
Carol McMains
Iowa Department of Education
Grimes State Office Building
Second Floor
400 E. 14th Street
Des Moines, IA 50319-0146

Name: _____

APPLICANT'S COMMUNITY AND EXTRACURRICULAR ACTIVITIES

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:

Describe Activity	Grade Level(s)	Honors Achieved Through Activity	Position(s) Held (if pertinent)	Other Desired Pertinent Information

Name: _____

COMMUNITY (NON-SCHOOL) ACTIVITIES WHILE IN HIGH SCHOOL:

Describe Activity	Mo/Yr- Mo/Yr*	Sponsor of Activity	Position(s) Held (if applicable)	Other Desired Pertinent Information

*Please check the box if this was a one-time activity that did not take place over a period of weeks or months.

APPROVAL BY SCHOOL DISTRICT OF STUDENT'S APPLICATION FOR STATE BOARD OF EDUCATION

The undersigned (must be superintendent or secondary principal) hereby states that student, _____, is hereby approved to submit his/her application for consideration as the nonvoting member of the Iowa State Board of Education for the term beginning May 1, 2022, and ending April 30, 2023.

The undersigned further verifies that the applicant is enrolled as a full-time student in grade (check) 10 11 at _____ High School, and that the undersigned has reviewed the information on the student's application.

On behalf of the above-named district, the undersigned confirms that, if appointed to the State Board by the Governor, the student's absences from school for participation in official State Board activities shall not be marked as unexcused absences. Pursuant to Iowa Code section 256.5A, the district shall notify the student's parent or guardian if the student's cumulative grade point average falls during the term of membership on the State Board.

Date

Printed or Typed Name

School Telephone Number

Signature

Name of School District

Title

**CONSENT BY PARENT OR GUARDIAN FOR APPLICATION
BY MINOR STUDENT FOR
STATE BOARD OF EDUCATION MEMBERSHIP**

The undersigned parent/guardian of _____, states as follows:

My child has my consent to file the foregoing application and to serve, if appointed, as the nonvoting member of the Iowa State Board of Education for a term beginning May 1, 2022, and ending April 30, 2023. I make this consent based on my assessment of my child's interest in serving on the board and his/her ability to participate in board activities without harmful effect to his/her academic achievement.

I acknowledge that Iowa Code section 256.5A requires that I supervise my child while he/she is participating in official board activities other than such activities that take place in the community in which my child and I reside. If I determine that such supervision is not necessary for my child, I understand that I must submit a signed release to the Iowa Department of Education.

I may withdraw this consent, in writing, at any time that I determine that membership on the State Board is contrary to my child's best interest.

NOTE TO PARENTS: The State Board of Education meets approximately 7 to 8 times per term. Most meetings are held in Des Moines, but 2 to 3 activities may be held at other communities in the state. The Iowa Department of Education provides mileage reimbursement, but does not provide direct transportation.

Date

Signature of Parent/Guardian

Typed or Printed Name of Parent/Guardian

Daytime telephone number of parent/guardian: _____

Recommendation 1: High School Teacher that Instructed Applicant

RECOMMENDATION ON BEHALF OF _____

(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please select the appropriate number.
2. Please type or print your response.
3. Seal this document in an envelope and return to the student for submission with application.

Please do not share your responses with anyone.

I. Please rate the student in the following areas (1 is lowest; 5 is highest):

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work/Study Ethic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of Maturity

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?

III. What reservations, if any, do you have about the student's ability to successfully serve as the student member on the State Board of Education, and why?

Person Making Recommendation: _____
line(Please Type or Print Name)

How do you know the above-named student?

How long have you known him/her? _____

I, the undersigned, understand that the above-named student is submitting an application to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

Date

Signature, Person Making Recommendation

Recommendation 2: Adult Familiar with Applicant's Community Activities

RECOMMENDATION ON BEHALF OF _____

(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please select the appropriate number.
2. Please type or print your response.
3. Seal this document in an envelope and return to the student for submission with application.

Please do not share your responses with anyone.

I. Please rate the student in the following areas (1 is lowest; 5 is highest):

1	2	3	4	5	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal Skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of Maturity

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?

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Person Making Recommendation: _____
(Please Type or Print Name)

How do you know the above-named student?

How long have you known him/her? _____

I, the undersigned, understand that the above-named student is submitting an application to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

_____ Date

_____ Signature, Person Making Recommendation