

Star Council Application

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Why do you want to join Star Council? What qualities can you bring to NCES's Star Council?

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Teacher Checklist** (Teachers please check all that apply)

Homeroom Teacher: \_\_\_\_\_

- \_\_\_\_\_ Student has an A/B average
- \_\_\_\_\_ Student has a 90% or higher in conduct
- \_\_\_\_\_ Student displays leadership in or outside the classroom
- \_\_\_\_\_ Student takes on responsibility for his/her actions
- \_\_\_\_\_ Student shows initiative
- \_\_\_\_\_ Student works well with others

**\*\* Please return all completed forms to Mrs. Marino room 413 no later than Wednesday, September 16, 2009. NO exceptions will be made!!**