



## ***Gladewater Independent School District***

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**J. P. Richardson, Ed. D.**  
Superintendent

500 W. Quitman  
Gladewater, TX 75647  
(903) 845- 6991  
Fax: (903) 845- 6994

### **Superintendent Student Advisory Council Application**

Dear Student,

The Superintendent's Student Advisory Council will meet four times with Gladewater ISD Superintendent of Schools, Dr. J.P. Richardson, to discuss how decisions made at the local level are affecting students throughout Gladewater ISD. Members are advisors and act as liaisons between the Superintendent and the students of Gladewater ISD. All students in grades 9-12 are eligible to apply. Meetings will be held in September 2015, November 2015, February 2016 and May 2016. The council will meet during lunch at the Administration Building.

**Participation Criteria:**

- Enrolled in Gladewater ISD, 9<sup>th</sup>-12<sup>th</sup> grade
- One letter of recommendation from a teacher, coach or employer
- One-year commitment to participate in the four meetings
- Completed application
- Maintain passing average in ALL classes
- Maintain good attendance

You will find the Superintendent's Student Advisory Council application attached. All forms must be completed correctly and returned by May 29, 2015 to the Principal's office at: Gladewater High School, Attention: Jill Jones, 2201 Gay Avenue, Gladewater, Texas 75647.

Sincerely,

J.P. Richardson, Ed.D.  
Superintendent of Schools

**GLADEWATER INDEPENDENT SCHOOL DISTRICT  
SUPERINTENDENT'S STUDENT ADVISORY COUNCIL APPLICATION**



Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (home or cell) \_\_\_\_\_

Can you receive text messages on this phone? (Circle one) Yes No

Email \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Race \_\_\_\_\_ GPA \_\_\_\_\_

I understand that if I am selected as a member of the 2015-16 Superintendent's Student Advisory Council, I will be required to attend four meetings held throughout the school year. Transportation will be provided.

\_\_\_\_\_  
Student's Signature / Date

\_\_\_\_\_  
Parent/Guardian's Signature / Date

\_\_\_\_\_  
Principal's Signature / Date

All applicants will be notified in writing if they are selected to be a member of the 2015-16 Superintendent's Student Advisory Council. Members will be chosen by the Gladewater ISD Leadership Team, consisting of Campus and District Staff.

Please send application by May 29th, to the Principal's Office at Gladewater High School, Attention: Jill Jones, 2201 Gay Avenue, Gladewater, Texas 75647.

**GLADEWATER INDEPENDENT SCHOOL DISTRICT  
SUPERINTENDENT'S STUDENT ADVISORY COUNCIL APPLICATION**



Student Name \_\_\_\_\_

Please type answers to the following questions on a separate sheet of paper. The answers for questions 1 and 2 should be a minimum of 150 words and a maximum of 300 words each. Applications not meeting these guidelines will not be considered.

1. Why do you want to be a member of the Superintendent Student Advisory Council?

2. What would you change about the school district and why?

3. What is a topic you would like the SSAC to discuss?

4. Tell us about some of your interests/extra-curricular activities.

5. List school and community activities you are involved in.

**Please attach your letter of recommendation and return to the**

**Principal's office at Gladewater High School,**

**Attention: Jill Jones by May 29, 2015.**