

**DeLand High  
School Advisory Council**

**2020-2021 CANDIDACY REQUEST FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I am seeking to represent the following group of individuals on our School Advisory Council.

Check one:  Teachers       Staff       Students       Parents

Are you currently employed by Volusia County Schools?  Yes  No

(Please note: Substitute teaching is considered employed by the district even if you only sub 1 day during the school year.)

Please describe why you are interested in becoming a School Advisory Council member, and how your membership would help support the goal of school improvement.

I understand that by completing and submitting this form, I am agreeing to attend all School Advisory Council meetings or notify the SAC chair in advance if I am unable to attend as attendance is a requirement for continued membership.

**Signature**

**Date**

- ❖ Candidacy forms must be received by April 17, 2020
- ❖ DeLand High School Advisory Council elections will be held April 24 – May 3.