

# Application for Peer Leadership

## Vista Heights 2016-2017

### Due: With Registration Paper

You have requested to be a part of the Peer Leadership Team at Vista Heights for 2016-2017. To have a chance to be on this Team **you must fill out this application and submit it to the Counseling with your registration paper.** You will be expected to be a leader in our school if you are a part of this team. You will be trained in anti-bullying, service, and mentoring skills. You will be given assignments to explore and develop leadership qualities. Poor Citizenship (N or U), I's, F's, and tardies are not permitted. Mr. Wiltbank and Mrs. Pauga will be the teachers of this class and will check your progress regularly. Minimum GPA for this class will be a 3.5

*You will be expected to attend classes and activities outside of school time and during Advisory as well as a possible Summer workshop. Parental support will be essential to participate in this class.*

If you still would like to apply for this class, please fill out the following application entirely. If I do not receive this application with your registration you will not be allowed to register for this class

It is recommended that you type your answers up on a separate sheet of paper.

- 1- Attach your Current Report Card from Skyward. Please explain anything that may be questionable. If there is an I or F please include a plan for remediation. If it is made up please have the teacher initial next to the grade and write in the corrected grade. Please explain any N or U Citizenship grades as well as any tardies or absences over 3. If there is no problem, just attach the paper and write in "NA".
- 2- What makes a Leader? Please write a 50-100 word essay on this topic. Again it is best to use a separate typed page.
- 3- How can I serve my school best? Please explain in 25-50 words.

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I \_\_\_\_\_ agree to maintain a 3.5 GPA or higher. I also agree to have no I's, F's, poor citizenship grades or excessive tardies. Failure to achieve these standards will result in immediate removal from the class.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Number

I, the parent of \_\_\_\_\_ agree to support my student in participating in Peer Leadership with the understanding that some time may be expected outside of the regular school day and support this application to Peer Leadership.

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

\_\_\_\_\_  
Counselor Signature