

Gulf Breeze High School  
School Advisory Council Application

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

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

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

Email: \_\_\_\_\_

I would like to serve on the School Advisory Council as:

Parent Representative

Name of Students and Grades: \_\_\_\_\_

Community/Business Representative

I would like to serve because: (can include prior/current community involvement)

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Submit this application to the school in person or the following:

- Email: [barkers@santarosa.k12.fl.us](mailto:barkers@santarosa.k12.fl.us)
- Mail: GBHS, 675 Gulf Breeze Parkway, Gulf Breeze, FL 32561, attn: S. Barker