Gulf Breeze High School
School Advisory Council
Application

Name: _____ **Phone #** _____

Address: _____ **E-mail:** _____

_____ **Occupation:** _____

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

Please check one

( ) **Parent Representative** **(must be parent/legal guardian of an enrolled student(s) at GBHS)**

Name of Student(s) _____
First **Last**

_____
First **Last**

_____
First **Last**

_____
First **Last**

( ) **Community Representative**

Previous/Current community involvement: _____

_____

In 50 words or less, please finish the sentence below.

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

_____

_____

_____

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_____

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_____

Please submit this application via Mail: **GBHS 675 Gulf Breeze Pkwy. GB, FL 32561 Atten: Carolyn**
or Fax to **916-4109**
or Email: **MorganC@santarosa.k12.fl.us**