

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)

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

- Email: smithsh@santarosa.k12.fl.us
- Mail: GBHS, 675 Gulf Breeze Pkwy, Gulf Breeze FL 32561; ATTN: Sarah Smith