

6601 Main Street Miami Lakes, FL 33014 P: 305-364-6100 F: 305-558-8511 www.miamilakes-fl.gov

Education Advisory Board Student Member Application Form

Page 1

The Town of Miami Lakes is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

Please return signed and completed application form to: Town of Miami Lakes, 6601 Main Street, Miami Lakes, FL 33014 Attn.: Aisle Pastora | pastoraa@miamilakes-fl.gov

The Town of Miami Lakes and its Education Advisory Board recognizes the value of haring from student perspectives on matter related to the local schools. In order to encourage and facilitate this process, the Town affirms the position of a student member of the board as established by Resolution No. 24-1972. The student member will be a non-voting member of the Board. The student member shall be currently enrolled in one of the local schools, attend monthly Education Advisory Board meetings, read research, and obtain answers to questions related to Board agenda items, and disseminate information regarding items of interest to the student population. The student member must maintain minimum grade point average of 3.0, have no "Fs" as final grades, and no conduct grade below a "C".

STUDENT'S INFORMATION

Last Name	First Name	9	Middle Initial	
Address	City. Chata		7:-	
Address	City, State)	Zip	
Mobile Phone	Other Phor	ne	Email	
School:	Gra	ade Level:		
Please attach a copy of the latest report of a minimum grade point average of 3.0, har	ard with this application. Per I			
Previous experience on a board: If yes, please specify:	□ Yes □ No)		



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Education Advisory Board Student Member **Application Form**Page 2

Last Name	First Name	Middle Initial
Nhy are you interested in joining as Student 1	Member of the Education Advisory Board ?	
lease describe the contribution you feel you c	an make to the Education Advisory Board .	
Please tell us about yourself (education, person	onal accomplishments, honors received, hobbies).
	Signature of Applicant	Date
		I
	Parent or Guardian	Date