This completed Class Officer Signature Page must be submitted to Mrs. Marino in the Main Office by Wednesday, May 14, 2025 before 3:30 p.m.

CLASS OFFICER APPLICATION / SIGNATURE PAGE

Name of Candidate:	Class of:
Five teachers in support of your candidac	y from this school year:
Names (Printed)	Signatures
1	1
2	2
3	3
4	4
5	5
One Class Advisor (only if you are present	tly a member of Student Leadership) verifying you
are an active, contributing Class Officer:	
Name (Printed)	Signature
1	1
<u>Candidate's Name</u>	
I have read and will comply with all requi	rements for candidates for a Class Officer position:
Name (Printed)	Signature
1	1
After a review of behavior and attendance	e, this candidate's application is approved.
	- III
Administrator's Signature	