

SCHOOL ADVISORY COUNCIL CANDIDACY REQUEST FORM

NAME OF SCHOOL: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ (DAY)
_____ (EVENING)

EMAIL ADDRESS:

I am seeking to represent the following group of individuals on our School Advisory Council.

Check one: Teachers Staff Students Parents

Are you currently employed by Volusia County Schools? Yes No
(Please note: Substitute teaching is considered employed by the district even if you only sub 1 day during the school year.)

Please describe why you are interested in serving on our School Advisory Council:

I have read and understand the expectations of SAC Members including the importance of attending ALL SAC Meetings and actively participating in the School Improvement process.

Signature: _____

Date: _____

SCHOOL ADVISORY COUNCIL CANDIDACY REQUEST FORM

EXPECTATIONS FOR SCHOOL ADVISORY COUNCIL (SAC) MEMBERS

1. Actively participate in the school improvement process and attend all SAC meetings
2. Develop/Review the school's mission statement
3. Use Florida's education goals and the district's goals as guiding principles
4. Examine all aspects of the school when developing the School Improvement Plan (SIP)
5. Prioritize the needs of the school
6. Develop strategies for improving the areas of need
7. Develop a plan for measuring the results of the SIP
8. Assist in the preparation and evaluation of the SIP
9. Assist in the preparation of the school's annual budget
10. Decide how to spend the SAC funds to meet the SIP goals
11. Assist in recruiting and retaining other SAC members