



FONTANA UNIFIED SCHOOL DISTRICT

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Student Board of Education

Application Checklist/Cover Sheet

Student Name: _____

School: _____

- Completed Application (**use black or blue ink ONLY**)
- Student Essay (on a separate page – no more than 500 words)
- One (1) Letter of Recommendation/Support from a **family, peer, or community organization**
- One (1) Letter of Recommendation/Support from **school staff**
- Signed Parent Form
- Signed Principal Form
- Signed Photography and Video Release Form
- Printout of Student's Information from Q
 - Behavior, Home Info, GPA 2.5 or greater– **submit an unofficial transcript**
 - Current Grade Level _____
 - Current GPA _____

Selected for Interview:

- Yes
- No



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Fontana Unified School District Board of Education Student Representative to the Board

The Organization: Fontana Unified State Board of Education

The Fontana Board of Education currently consists of five elected members and is responsible for advising the Superintendent on educational matters, including state standards; state policies, including those governing special, academic, vocational, charter and other schools; state objectives; and state regulations. The Board of Education has approval responsibility over many important educational issues, such as academic standards, graduation requirements, accountability policies, teacher quality, home schooling regulations, and residency requirements. The Board holds monthly public meetings to engage the community in these and other important education issues.

The Position: Student Representative to the Board of Education

The Board of Education seeks a student representative to act as a connection between the student population of the District of Fontana and educational policy makers. The Board is seeking candidates who display leadership, are passionate about their role in their community and want the opportunity to be involved with the Fontana educational system.

Responsibilities include:

- Attending and actively participating approximately four (4) hours per meeting at their scheduled meetings, which are usually on Wednesday evening; additional meetings might be scheduled as needed to conduct business
- Participating and exchanging on current activities (Public Meetings, Public Hearings, Working Sessions, webinars, community engagement opportunities, etc.)
- Serving as a student representative for a full school year
- Have effective communication skills and promoting a teamwork environment.

***Requirements**

- Be a Fontana Unified School District student.
- Be a current Junior upon application and serve during the student's Senior year.
- Possess a GPA of 2.5 or above on a 4.0 scale.
- Student Representative Application.
- Two (2) letters of recommendations.
- Signed Parental Support form.
- Signed FUSD Photography and Video Release Form.
- Signed High School Principal Support form.

***If you have questions about the application or eligibility requirements, contact your school counselor or principal.**



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To Apply

Potential applicants must complete the attached form and must submit an essay of no more than 500 words, on “Why you want to serve on the Fontana Unified Board of Education”. Applicants must also submit **two (2) letters** of recommendation. One (1) letter must be from one of the following sources: family, peer, or a community organization outside the school district, and the second letter must be from within the school district (administrator, teacher, counselor, or support staff). **This application is an official document; therefore, please use black or blue ink. Colored ink will NOT be accepted.**

Applications, along with additional required documents, must be submitted to your school site principal by **Friday, March 20, 2026, by 12 noon**. Principals are asked to select one (1) candidate and submit their application packet to Family and Community Engagement Department by Friday, April 3, 2026, by 12 noon. Materials may also be submitted electronically via email to michael.garcia@fUSD.net. No late applications will be accepted.

Finalists will receive an interview email notification to meet with the Board of Education by Friday, April 10, 2026. **Interviews with the Board of Education will be held at a Special Board of Education meeting on Wednesday, April 22, 2026.** Please ensure you will be available to interview with the Board of Education if selected for an interview.

Please visit <http://www.fUSD.net> for more information.

Please direct all questions to:

Michael A. Garcia
Chief of Staff
Office of the Superintendent
Fontana Unified School District
909.357.5000 ext. 29351
Michael.Garcia@fUSD.net
www.fUSD.net



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Board of Education Student Representative Application

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apt/Unit #		
City	State	ZIP		
Phone	Current Grade			
Are you a student in Fontana Unified?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION			
Current High School	GPA 2.5 and above	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other High School(s) Attended:			

EDUCATIONAL-RELATED EXTRACURRICULAR ACTIVITIES		
<i>Please list ALL school related extracurricular activities, past and present. Use a separate sheet of paper if needed.</i>		
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To



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COMMUNITY-RELATED EXTRACURRICULAR ACTIVITIES

Please list ALL community related extracurricular activities, past and present. Use a separate sheet of paper if needed.

Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To
Activity	From	To

AWARDS AND RECOGNITIONS

Please list ALL awards, past and present. Use a separate sheet of paper if needed.

Award	Date Received
Award	Date Received
Award	Date Received
Award	Date Received
Award	Date Received
Award	Date Received
Award	Date Received
Award	Date Received

ON A SEPARATE SHEET OF PAPER OR BELOW THIS FORM, PLEASE PROVIDE AN ESSAY EXPLAINING WHY YOU WOULD LIKE TO SERVE ON THE STATE BOARD OF EDUCATION. *Please limit your essay to 250-500 words.*

PLEASE ATTACH TWO LETTERS OF RECOMMENDATION TO THIS APPLICATION. *One should be from someone within your school, and one should be from someone outside of your school.*

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a Student Representative position for the Fontana Unified School District Board of Education, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date



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Parental Support Statement

I, _____, have read and understand the responsibilities that will
Printed Full Name (Parent/Legal Guardian)

be asked of my child should they be accepted to serve as a student board member for Fontana Unified
School District. I understand that my child, _____, will be expected
Student Board Member Applicant

to attend at least two board meetings a month that will be conducted during the evening on a school
day. I understand it is my responsibility to provide transportation for my child and ensure that my child
arrives in time for the start of the meeting and is picked up immediately following the board meeting, if
not driving themselves. By signing this statement, I give both my consent, and support for my student to
participate.

Parent/Legal Guardian Signature

Date



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High School Principal Support Statement

I have read and approved the attached application for _____. I have had the opportunity to review the student's transcripts, discipline file, and any other relevant information and have determined the student meets the qualifications to be a Board of Education Student Board Member. I understand the responsibilities that Student Board Member will have throughout the year and will work with the district, student board member, and teachers to ensure the student is successful in all areas of academics and activities. I understand the student might be asked to attend events within the normal school day. I will work with the student, teacher, and school site to ensure all applicable work is provided to the student. If at any time there is a concern regarding the student, academics, behavior, or other, I will contact the office of Family and Community Engagement in order to discuss the concerns. By signing this statement, I give both my consent, and support for my student to participate.

Principal Signature

Date

Name of High School



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Photograph and Video Release Form

Please duplicate this form as needed

A separate video release form is required for each person appearing or participating in the video. This includes directors, writers, actors, videographers, editors, etc.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- On-line educational courses
- Educational videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for educational purposes.

Print Full Name _____ Date _____

Signature _____

Street Address/P.O. Box _____

City _____

Zip Code _____

Phone/Email _____

If you are under 18 years of age, your parent or legal guardian must also sign below.

I _____ certify that I am the parent or legal guardian of _____
(Parent or Legal Guardian printed name) (Student's printed name)

and on behalf of him or her, as well as myself, have read this release and agree to all its terms.

Parent or Guardian Signature (if under 18 years old)

Date



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Formulario de Liberación de Fotografías y Videos

Favor de guardar copia si es necesario

Se requiere de un permiso de liberación de fotografías y videos para cada participante o persona que aparezca en pantalla. Esto incluye a los directores, escritores, actores, camarógrafos, editores, etc.

Yo, por medio de la presente, otorgo permiso sobre los derechos de mi imagen, semejanza, y voz, ya sea grabada en audio o videograbada, sin pago o ninguna otra consideración. Yo entiendo que mi imagen podría ser editada, copiada, exhibida, publicada, o distribuida y renunció al derecho de inspeccionar o aprobar el producto final donde mi semejanza aparezca. Adicionalmente, renunció a mi derecho a regalías u otras compensaciones derivadas o relacionadas con el uso de mi imagen o grabación. Además, entiendo que este material podría ser utilizado en entornos educacionales diversos dentro de un área geográfica sin restricciones.

Las fotografías, audio o video grabaciones podrán ser utilizadas para los siguientes propósitos:

- Presentaciones de conferencias
- Presentaciones o cursos educacionales
- Presentaciones informales
- Cursos educacionales en línea
- Videos educacionales

Al firmar la presente, entiendo que este permiso significa que las fotografías o videograbaciones de mi persona podrían ser exhibidos electrónicamente vía el internet o en el entorno publico educacional.

Seré consultado sobre el uso de mis fotografías o videograbaciones para otro propósito no mencionado previamente.

No hay límite de tiempo en la validez de la liberación de permiso ni hay ninguna limitación geográfica en donde el material podrá ser distribuido.

La presente aplica a fotografías, audios o videograbaciones recopilados como parte de las sesiones mencionadas en este documento solamente.

Al firmar la presente, reconozco que he leído y entiendo en su totalidad la divulgación y acepto las condiciones. Por medio de la presente liberó de todas las reclamaciones en contra de una persona u organización utilizando del material para propósitos educacionales.

Nombre completo _____ Fecha _____

Firma _____

Domicilio / P.O. Box _____

Ciudad _____

Código Postal _____

No. Telefónico / Correo electrónico _____

If you are under 18 years of age, your parent or legal guardian must also sign below.

Yo _____ certifico ser el padre o tutor legal de _____
(Nombre del padre o tutor legal) (Nombre del estudiante)

Y en nombre del él o ella, así como de mí mismo, he leído este formulario de divulgación y estoy de acuerdo con todos sus términos.

Firma del padre o tutor legal (si el estudiante es menor de 18 años)

Fecha