

STUDENT DATA SHEET  
Duplicate form as necessary – see note below

1st Delegate (*please print clearly*)

Name \_\_\_\_\_ Grade (current): \_\_\_\_\_

Mailing Address

Street/P.O. Box                      City/Town                      Zip Code

Email \_\_\_\_\_

2nd Delegate (*please print clearly*)

Name \_\_\_\_\_ Grade (current): \_\_\_\_\_

Mailing Address

Street/P.O. Box                      City/Town                      Zip Code

Email \_\_\_\_\_

Secondary School Represented \_\_\_\_\_

Name of Principal \_\_\_\_\_

School Address

Street                                      City/Town                                      Zip Code

Name of School Advisor \_\_\_\_\_

Email of School Advisor \_\_\_\_\_

REGIONAL COUNCIL REPRESENTED

(Check One)

(Circle One)

Central Massachusetts Council

A      B

Greater Boston Council

A      B      C

Northeast Council

A      B

Southeast Council

A      B

Western Massachusetts Council

A      B

NOTE: Two student **delegates** are to represent each school. Additional students designated as **alternates** are allowed, but may not run for nor hold elected RSAC or SSAC office. To register alternates, please duplicate, complete and return forms.

Send all completed forms to:

Donna Taylor, Advisor  
State Student Advisory Council  
Massachusetts Department of Elementary & Secondary Education  
75 Pleasant Street  
Malden, Massachusetts 02148

FAX: (781) 338-3399

PRINCIPAL'S CERTIFICATION OF ELECTION PROCEDURES

*Duplicate form as necessary – see note below*

I certify that an election was held for student representatives to the 2011-2012 Regional Student Advisory Council. All students were given the opportunity to run for these positions. All students were given the opportunity to vote in the election.

I understand that students may be given academic credit for this undertaking and that the student representatives shall not be denied participation in Student Advisory Council activities nor penalized for such participation. I also understand that the local school board shall reimburse student representatives for travel expenses to the monthly Regional Student Advisory Council meetings.

Names of Representatives:

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Signature of Principal

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School

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Date

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ELECTION AFFIDAVIT

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- I. I have read and understand the Functions and Responsibilities of the Student Advisory Council.
- II. I am willing and able (to the best of my knowledge) to keep the commitments of a RSAC representative as outlined in the above-mentioned description.
- III. I realize that:
  - a. I may receive academic credit for my participation in the RSAC;
  - b. I will not be penalized for my absence from school in order to attend RSAC meetings and workshops; and
  - c. I will be reimbursed for travel expenses by the state for state meetings and by the local school district for regional meetings.
- IV. I understand that this position is held for a one-year term of office beginning on or about May 1, 2011 and ending May 1, 2012 or the date of the final RSAC meeting, whichever is later.

I, \_\_\_\_\_, agree to serve as a regional representative  
Representative's Name (print)

to the Massachusetts Board of Elementary & Secondary Education Regional Student Advisory Council.

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_, agree to serve as a regional representative  
Representative's Name (print)

to the Massachusetts Board of Elementary & Secondary Education Regional Student Advisory Council.

\_\_\_\_\_  
Signature Date

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