

# TROY HIGH SCHOOL PTSA STUDENT LEADERSHIP GROUP GOALS, PURPOSE AND GUIDELINES



## GOALS OF PTSA:

- To promote the welfare of children and youth in home, school and community
- To secure adequate laws for the care and protection of children and youth
- To bring the home and school into closer relation, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educations and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, and social education

## PURPOSE OF PTSA STUDENT LEADERSHIP GROUP:

- The purpose of the PTSA Student Leadership Group is to make a positive difference in our school and community through our philanthropic endeavors while learning and being leaders.

## STUDENT LEADERSHIP GROUP GUIDELINES:

- Applications must be filled out completely, including statement, copy of report card, signatures, PTSA permission slip scanned/emailed to: [studentleaders@troypsa.com](mailto:studentleaders@troypsa.com). Monies (for membership and tee) will be collected at first attendance of meeting or students may also show proof of membership purchase during orientation or online store at <http://troypsaonestop.3dcartstores.com/>. Parents may also turn in paper copy at PTSA meeting: ATTN: Alice Lee (on top of form)

**\*\*YOUR APPLICATIONS WILL BE CONSIDERED COMPLETE UNTIL ALL FORMS AND MONIES ARE TURNED IN. DEADLINE: NOVEMBER MEETING**

- Be paying member of Troy High School PTSA.
- Will be responsible for attending meetings, PTSA sponsored activities and pertinent committee meetings.
- Volunteer **at least 10 hours** of service to PTSA related events. Meetings and outside PTSA volunteer services do not qualify.
- May chair an event/project.
- May attend a leadership workshop, conference or convention.
- Must purchase a PTSA Student Leadership shirt to wear at all activities.
- Must maintain a **2.5 G.P.A.** and good citizenship record in school and in the community.
- Be a positive role model and sincerely try and make a positive difference by embracing the Mission and Objectives of PTSA.
- It is the responsibility of each member to be apprised of all current PTSA business. If a meeting is missed, please contact someone in the group for the information. Reminder calls/emails are a courtesy.
- Missing **3** meetings/ mandatory activities in a semester is subject to termination of membership in leadership group. No refunds on membership or tee.
- Our student-based group is service oriented and actively involved. We strive to be people of good character and develop positive leadership qualities. We encourage each member to be a vital part of our meetings and activities.

It is anticipated that the **PTSA Student Leadership Group will meet the first Monday of the month, during lunch.** Meeting location for this meeting will be in Mrs. Hinman's class. First meeting will be notified via email.

TROY HIGH SCHOOL  
PTSA STUDENT LEADERSHIP GROUP APPLICATION



NAME \_\_\_\_\_ GRADE (2018-19) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

\*EMAIL \_\_\_\_\_ Current Unweighted/Weighted GPA \_\_\_\_\_ / \_\_\_\_\_

ARE YOU A CURRENT TROY PTSA MEMBER      YES      NO

If not, please attach your dues of \$10. Checks should be made out to Troy High School PTSA.

LEADERSHIP T-SHIRT: Please enclose a check for \$10 made out to Troy High School PTSA for your shirt. Please circle your size: AS      AM      AL      AXL      AXXL

ATTACH TO THIS APPLICATION:

- Copy of final report card for 2017-2018 school year
- Personal Statement (250 words)– Please tell us about yourself and your reasons for wanting to be a member of the PTSA Student Leadership Group. Include how you would like to contribute to this group and to your school.
- Completed PTSA Permission Slip located in this packet

I understand and agree to the guidelines for the PTSA Student Leadership Group and the responsibilities that this will entail: (please initial)

\_\_\_\_ I will be an active and contributing member of the Troy High School PTSA Student Leadership Group. I will attend monthly meetings and volunteer at least 10 hours of services related to the group.

\_\_\_\_ I also understand that there may be a cost involved in attending the (optional) annual leadership camp.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

We give our son/daughter permission to participate as a Student Member in the Troy High School Student Leadership Group and understand the involvement that it entails.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Emergency contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to participate in events that require parental support? (i.e. supervision, transportation, etc...)  
                                 YES                                      NO

# *PTSA Student Leadership Group*

## PHOTO RELEASE FORM

I hereby grant permission to *PTSA Student Leadership Group* to use photographs and/or video taken of \_\_\_\_\_ for publications, news releases, online, social media, and in any other communications related to the mission of *PTSA Student Leadership Group*.

Student Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you!



everychild.one voice.

2327 L Street, Sacramento, CA 95816-5014

(916) 440-1985 • FAX (916) 440-1986 • E-mail info@capta.org • www.capta.org

### PARENT'S APPROVAL AND STUDENT WAIVER

\_\_\_\_\_ has my (our) permission to participate in all PTA sponsored  
Name of Minor  
events for the school year 201\_\_ to 201\_\_.

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the PTA sponsored activities. I (we) hereby release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_  
If none please write none.

1. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Print Name (\_\_\_\_\_) Phone  
\_\_\_\_\_  
Address City State Zip

2. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Print Name (\_\_\_\_\_) Phone  
\_\_\_\_\_  
Address City State Zip

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