

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, 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 and include: copy of prior school year report card, PTSA photo release and parent permission/student waiver, copy of PTSA membership card (if paid). Completed applications may be scanned/mailed to: studentleaders@troypsta.com or turned into front office- ATTN: Alice Lee (on top of form).

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 <https://jointotem.com/ca/fullerton/troy-high-school-ptsa/join/register> **DO NOT SEND MONEY with application.**

- Be paying member of Troy High School PTSA.
- Will be responsible for attending meetings and PTSA sponsored activities.
- Volunteer **at least 25 hours** of service to PTSA related events and attend **5 meetings** to qualify for Presidential Volunteer Service Award (PVSA) issued through Troy PTSA.
- 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.
- Misconduct and misrepresentation of PTSA Student Leadership Group is subject to termination of membership. 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-TBA. First meeting will be notified via email.

TROY HIGH SCHOOL
PTSA STUDENT LEADERSHIP GROUP APPLICATION



NAME _____ GRADE (2020-21) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE: Home _____ Cell _____

EMAIL _____ Current Unweighted/Weighted GPA _____ / _____

DO YOU HAVE MESSENGER ACCOUNT with FACEBOOK? YES NO

If YES, what is your username? _____

ARE YOU A CURRENT TROY PTSA MEMBER (\$10 Membership fee)? YES NO

DO YOU HAVE A PTSA LEADERSHIP T-SHIRT (\$10 for T-shirt)? YES NO

Please circle your size: AS AM AL AXL AXXL

*Please make all checks payable to Troy High School PTSA. All cash/checks will be collected at the first PTSA student meeting.

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

ATTACH TO THIS APPLICATION:

- Copy of final report card for 2019-20 school year
- Photo Release form included in this packet
- Completed PTSA Parent Approval/Student Waiver form included in this packet
- Copy of PTSA Membership Card (if paid already)

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 at least 3 monthly meetings and volunteer at least 10 hours of services related to the PTSA group. Activities may be during or after school. Student is responsible for transportation, if needed.

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

Student Signature

Date

We give our child 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: _____ *WeChat ID: _____

*Parents can sign up to WeChat to obtain notifications/updates with the student group.

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: _____



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PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in all PTA sponsored events for the school year 201__ to 201__.

Name of Minor

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

_____ City State Zip
Address

2. _____
Signature Date

_____ (_____) _____
Print Name Phone

_____ City State Zip
Address

2012