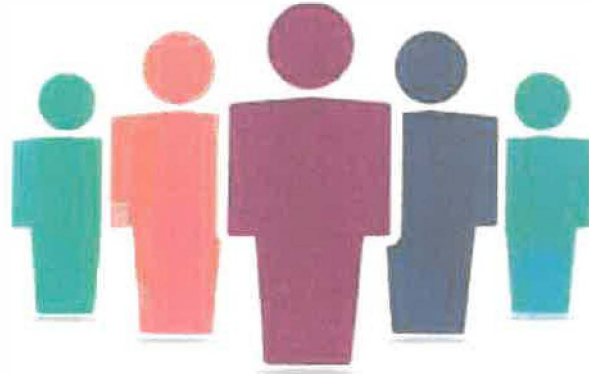


# PINE VIEW SCHOOL

**Help make your school better!  
Join the School Advisory Council (SAC)!**



## **WHAT IS A SAC?**

Comprised of peer-elected representatives from all stakeholder groups: principal, parents, teachers, school support staff, community partners, and students, SAC provides a platform for discussion and collaboration to ensure success of all students.

## **WHAT IS REQUIRED?**

Participate in SAC Trainings  
Attend monthly meetings  
Be receptive and open to other points of view  
Support the goals of the School Improvement Plan (SIP)

## **WHY SHOULD I SERVE?**

Serving on the SAC you will be able to:

- Make a difference at your school
- Speak out for all students and families
- Have a voice in school-based decision making
- Build relationships with parents, staff and community partners

**For additional information, please call Pine View School (941) 486-2001**

**And/or complete the following application form and return to the Pine View Office.**

**Pine View School**

**School Advisory Council Nomination Form**

**Please fill out this form to apply for a seat on the School Advisory Council. Do your best to provide as much information as possible and please retain a copy for your records.**

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Method of Contact (Check all that apply):**

☐ Home Phone      ☐ Cell Phone      ☐ Work Phone      ☐ Email

**Please answer the following questions to complete your nomination.**

**1. Which group will you represent on the School Advisory Council (choose only one)?**

- ☐ Student
- ☐ Parent/Guardian
- ☐ Community Member
- ☐ Teacher (please submit your application to administration)
- ☐ School Support Staff (please submit your application to administration)

**2A. If you seek to serve as a parent/guardian, please provide information about your child/children.**

**(Note: To represent the parent/caregiver group, you must have a child who attends Identified school).**

**Name of Child:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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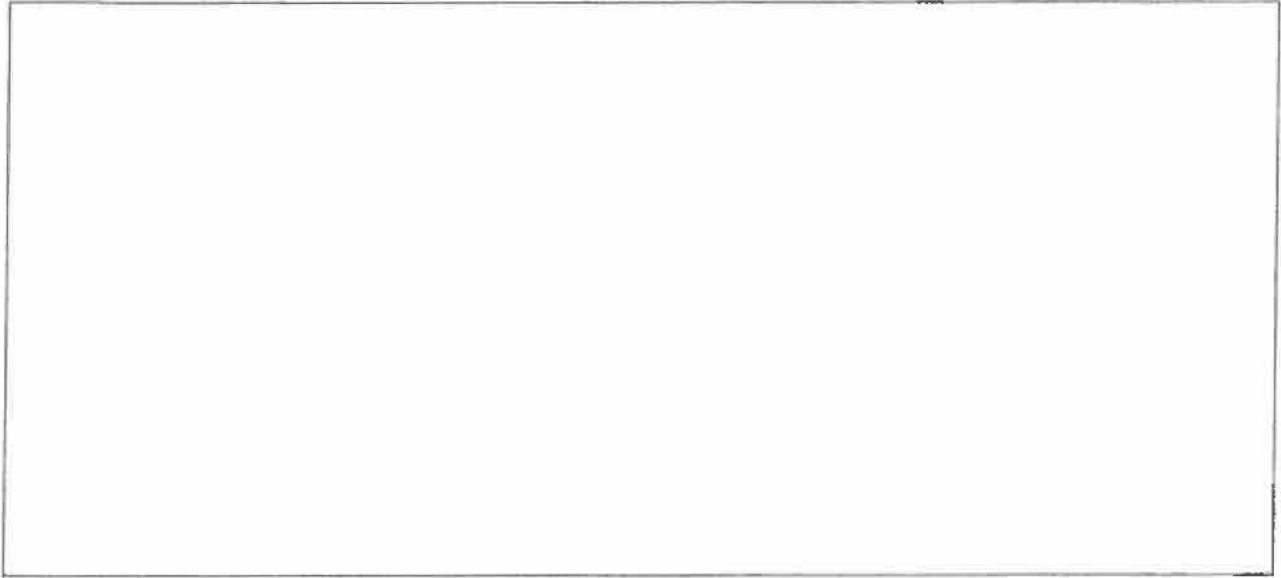
**Name of Child:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

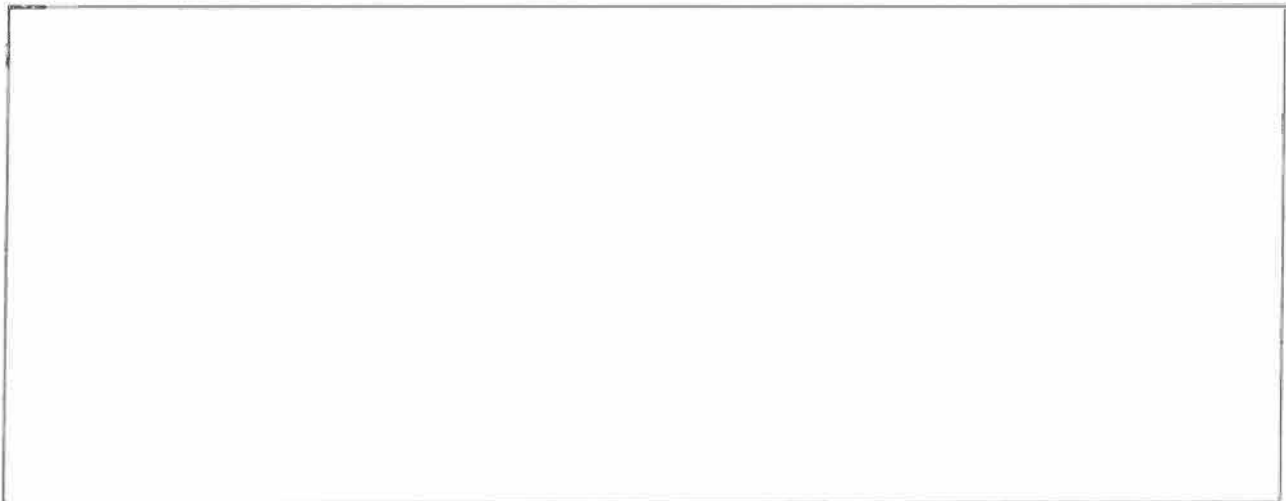
**Name of Child:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**2. Tell us about yourself. In your short narrative please try to answer some of the following questions:**

- **What was your previous involvement with Pine View (volunteering, helping with a project, supporting or running a program, participation on any advisory bodies or just being an involved parent or committed staff member)?**
- **How are you involved in your community (block captain, volunteer at a community-based center or a faith-based organization, etc.)?**
- **What other aspects of your prior education, as well as personal and professional experience would make you a valuable member of the SAC?**



**3. Tell us about what you would like to achieve as a SAC member:**



**Thank you for your interest. For more information please contact Pine View School. Visit us online at <https://sarasotacountyschools.net/schools/pineview> or 941-486-2001**