

## STUDENT MEMBER APPLICATION COMMUNITY AND CITYWIDE EDUCATION COUNCILS

All Community and Citywide Education Councils are required by NYS Education Law to have a non-voting student member. Only students who will be high school seniors during their year of service are eligible to apply; other requirements vary by council.

More information regarding the roles and responsibilities of Education Councils can be found at <http://www.schools.nyc.gov/school-life/get-involved/education-councils>

For Community Education Councils (CECs), applicants must:

- reside in the district where they are applying to serve (students may find out their school district by using NYC DOE's school search tool at <https://www.schools.nyc.gov/find-a-school>) ; and
- be a member of the elected student government or hold an elected leadership position (e.g., president of a club).

For the Citywide Council on High Schools (CCHS), applicants must:

- be a member of the elected student government or hold an elected leadership position (e.g., president of a club).

For the Citywide Council on Special Education (CCSE), applicants must:

- have an IEP.

For the Citywide Council for District 75 (CCD75), applicants must:

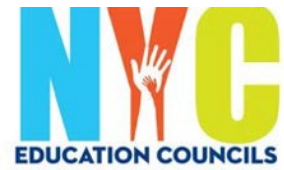
- attend a District 75 school or program.

For the Citywide Council on English Language Learners (CELL), applicants must:

- be classified as an English Language Learner currently or in the previous two years.

Interested students should complete the attached application and submit it to The Division of Family and Community Empowerment (FACE) at [cceinfo@schools.nyc.gov](mailto:cceinfo@schools.nyc.gov)

For further information, please email [cceinfo@schools.nyc.gov](mailto:cceinfo@schools.nyc.gov) or call (212) 374 1936.



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EDUCATION COUNCILS

STUDENT INFORMATION

Name: \_\_\_\_\_

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

Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

I WISH TO SERVE ON (check the one that applies):

- CEC: \_\_\_\_\_ [district number]
- CCHS
- CCSE
- CCD75
- CCELL

STUDENT SIGNATURE

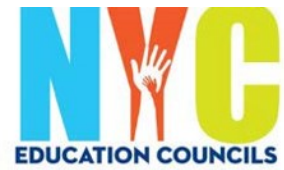
I, (student name): \_\_\_\_\_, certify that all information given herein is true and accurate to the best of my knowledge.

PARENTAL CONSENT

I, (parent name): \_\_\_\_\_, consent to my child's involvement in and appointment to a New York City Department of Education District Community Education Council (CEC), the Citywide Council on High Schools (CCHS), the Citywide Council on Special Education (CCSE), the Citywide Council for District 75 (CCD75), or the Citywide Council on English Language Learners (CCELL). I understand that participation will require his/her attendance at monthly meetings that will be open to the public and may occur during evening hours. I understand that Citywide Education Council meetings may be held in different boroughs throughout the year. I also understand that these meetings are open to the public and the proceedings and participants may be recorded or photographed.

Parent/Guardian Signature: \_\_\_\_\_

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



I. ELIGIBILITY

Describe how you meet the eligibility requirements for the council to which you are applying (please refer to the eligibility criteria on p. 1).

II. BACKGROUND AND ACTIVITIES

Describe any school-related, community or civic activities in which you have participated that you believe are relevant.

III. STATEMENT

Explain why you want to serve on the CEC, CCHS, CCELL, CCSE or the Citywide Council for District 75 and what would make you an effective representative of all students in your community.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_