



Youth Council Membership Acknowledgement/Consent

Applicant Name: _____

Name of High School: _____

Grade Level: _____

The above referenced student has applied to be a member of the City of Greenville Youth Council. In order to process this application, the following acknowledgment and consent must be signed and dated by a school official **and** a parent/guardian. This application is considered incomplete until all requested information has been received.

Parent/Legal Guardian Permission:

I give my permission for _____ to seek the position of City of Greenville Youth Council member.

Parent/Guardian Signature _____ Date _____

Emergency Contact _____ Relationship _____ Phone number _____

*If your student is selected to be a member of the City of Greenville Youth Council, a parental consent form and medical information form will need to be submitted prior to the student's first meeting.

School Official (Principal or Designee):

I believe that this student has the ability to responsibly serve on the City of Greenville Youth Council.

Principal/Designee Signature _____ Date _____