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Castle Rock, Colorado 80109-7906  
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DOUGLAS COUNTY SCHOOL DISTRICT

January 2012

Dear Middle School Students/Parents:

Attached is an application form for the 2012-2013 CVHS Student Government. Please make sure the application is completed and returned to the middle school office no later than Friday, February 10.

**Application Components:**

**1. Application Form:**

Please complete the entire application form and return it, completed, with the personal letter to your middle school office.

**2. Personal Letter:**

Describe yourself, and how you demonstrate leadership qualities. Also discuss what you would like to accomplish in student government, what unique skills and abilities you would bring, and why you wish to be a part of student government at Castle View. Attach the typed and well-edited letter to your application form and deliver to your middle school main office no later than Friday, February 10.

**3. Teacher Recommendations:**

Attached to this application are **three** recommendation forms for teachers to complete on your behalf. Put your name on each form and give forms to three of your current or recent teachers. Teacher recommendations are confidential and will be returned directly to Mr. Sutterer at Castle View High School.

**Deadline:**

Turn in the application and personal letter stapled together to your middle school main office no later than Friday, February 10. Get your teacher recommendation forms to your teachers in plenty of time for them to submit them directly to the main office or to Mr. Sutterer by the deadline as well. No late or incomplete applications will be accepted.

Robert Sutterer  
CastleView Student Government  
[Robert.sutterer@dcsdk12.org](mailto:Robert.sutterer@dcsdk12.org)

**Student Government Application  
2012-2013**

**Student Information:**

Name	
Street Address	
City and Zip Code	
Home Phone	
Cell Phone	
Email Address	
Parent/Guardian Names	
Next Year's Grade	
Birth Date	

**Personal Letter**

Attach a typed, well-edited letter describing yourself and explaining how you demonstrate leadership qualities. Also explain why you want to become a part of CVHS Student Government, goals you wish to accomplish, and what unique qualities or attributes you would bring to our student government.

**Teacher Recommendations**

Please distribute the attached recommendation forms to three current or recent teachers willing to recommend you for student government. List their names below. These forms will not be returned to you, but will be submitted directly to Mr. Sutterer for consideration.

- 1.
- 2.
- 3.

**Activities**

List previous and current activities (both in and out of school) in which you have participated, as well as future activities you in which you plan to participate. Indicate the years or grade levels of your participation:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Castle View High School Student Government 2012-2013  
Teacher Recommendation Form for Middle School Students**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Teacher:

I am applying to CVHS Student Government for next year and need your recommendation. Please take a moment to complete this confidential form and **return it to the middle school main office or to Mr. Sutterer's mailbox at CVHS no later than 3:00 PM Friday, February 10.**

Thank you for your help.

Please rank the above applicant on a scale of 1-4 by circling a number for each category.

<b>Character:</b>	<b>Below</b>	<b>Average</b>	<b>Above</b>	<b>Excellent</b>
Self Initiation	1	2	3	4
Positive Attitude	1	2	3	4
Responsibility	1	2	3	4
Integrity	1	2	3	4
Respect	1	2	3	4
<b>Leadership:</b>				
Within Classroom	1	2	3	4
Within Groups	1	2	3	4
Respected by Peers	1	2	3	4
Respected by Adults	1	2	3	4
<b>Work Habits:</b>				
Organization	1	2	3	4
Meets Deadlines	1	2	3	4
Responsibility	1	2	3	4
Dependability	1	2	3	4
Quality of Work	1	2	3	4
Completeness	1	2	3	4

Would you recommend this applicant to be a Student Government Member?  
(Circle one – add a brief explanation comment if appropriate)

No                      Yes, with hesitation                      Absolutely Yes

Comment:

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Castle View High School Student Government 2012-2013  
Teacher Recommendation Form for Middle School Students**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Teacher:

I am applying to CVHS Student Government for next year and need your recommendation. Please take a moment to complete this confidential form and **return it to the middle school main office or to Mr. Sutterer's mailbox at CVHS no later than 3:00 PM Friday, February 10.**

Thank you for your help.

Please rank the above applicant on a scale of 1-4 by circling a number for each category.

<b>Character:</b>	<b>Below</b>	<b>Average</b>	<b>Above</b>	<b>Excellent</b>
Self Initiation	1	2	3	4
Positive Attitude	1	2	3	4
Responsibility	1	2	3	4
Integrity	1	2	3	4
Respect	1	2	3	4
<b>Leadership:</b>				
Within Classroom	1	2	3	4
Within Groups	1	2	3	4
Respected by Peers	1	2	3	4
Respected by Adults	1	2	3	4
<b>Work Habits:</b>				
Organization	1	2	3	4
Meets Deadlines	1	2	3	4
Responsibility	1	2	3	4
Dependability	1	2	3	4
Quality of Work	1	2	3	4
Completeness	1	2	3	4

Would you recommend this applicant to be a Student Government Member?  
(Circle one – add a brief explanation comment if appropriate)

No                      Yes, with hesitation                      Absolutely Yes

Comment:

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Castle View High School Student Government 2012-2013 Teacher Recommendation Form for Middle School Students

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Teacher:

I am applying to CVHS Student Government for next year and need your recommendation. Please take a moment to complete this confidential form and **return it to the middle school main office or to Mr. Sutterer's mailbox at CVHS no later than 3:00 PM Friday, February 10.**

Thank you for your help.

Please rank the above applicant on a scale of 1-4 by circling a number for each category.

<b>Character:</b>	<b>Below</b>	<b>Average</b>	<b>Above</b>	<b>Excellent</b>
Self Initiation	1	2	3	4
Positive Attitude	1	2	3	4
Responsibility	1	2	3	4
Integrity	1	2	3	4
Respect	1	2	3	4
 <b>Leadership:</b>				
Within Classroom	1	2	3	4
Within Groups	1	2	3	4
Respected by Peers	1	2	3	4
Respected by Adults	1	2	3	4
 <b>Work Habits:</b>				
Organization	1	2	3	4
Meets Deadlines	1	2	3	4
Responsibility	1	2	3	4
Dependability	1	2	3	4
Quality of Work	1	2	3	4
Completeness	1	2	3	4

Would you recommend this applicant to be a Student Government Member?  
(Circle one – add a brief explanation comment if appropriate)

No                      Yes, with hesitation                      Absolutely Yes

Comment:

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

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_