



# ADMINISTRATIVE PROCEDURES

<b>SUBJECT:</b> <b>Student Senate</b>
---------------------------------------

The school Principal shall submit the names of two representatives for the Student Senate by June 30. The names shall be submitted to the Director of Education.

Student Senate members must be full-time students enrolled in a Lambton Kent District School Board secondary school or be an exceptional pupil in a special education program for whom the Board has reduced the length of the instructional program on each school day under subsection 3(3) of Regulation 298 of the Revised Regulations of Ontario, 1990 (Operation of Schools – General) made under the act, so long as the pupil would be a full-time pupil if the program had not been reduced,

The two student representatives will be selected using one of the following methods:

Suggested selection methods:

- a. Election Process, whereby all students attending the Secondary School have opportunity to vote for their Student Senate Representative. The elected students should occupy a Student Council executive position as a Student Ambassador for the purpose of communicating with other schools, taking part in Student Senate meetings, and working on district-wide projects and activities.
- b. Designation Process, whereby an elected Student Council appoints members to be a Student Senators. The students should occupy a Student Council executive position as a Student Senator for the purpose of communicating with other schools, taking part in Student Senate meetings, and working on district-wide projects and activities.
- c. One student representative may be chosen by another means, whether by student election, administrative appointment, application process, or Student Council appointment. The student will be charged with the same responsibilities as the role described above in a. The student should be charged with communicating with other schools, taking part in Student Senate meetings, and working on district-wide projects and activities. The school's Student Council must be aware of the second representative; however, the student is not required to be a Student Council member.

**Credit for Community Activity Involvement**

The Director of Education will determine, the number of hours that should be credited toward the Community Involvement Activity requirement for the Ontario Secondary School Diploma. The Director of Education will verify the information on the Completion of Community Involvement Activities Form and sign the form for student members on the committee.

Implementation Date: June 14, 2000  
Revised: April 13, 2005, November 6, 2012, June 5, 2017,  
October 23, 2017  
Reference: Policy and Regulations



# APPLICATION FORM

## STUDENT SENATE

### PERSONAL DATA *(Please Print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ School \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Year Month Day

Address: \_\_\_\_\_  
Street City Postal Code

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

Number of Credits Earned to Date: \_\_\_\_\_

Do you have a Social Insurance Number?  Yes  No

### 1. ATTENDANCE

- a) How many days of school did you miss this past year? 1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester \_\_\_\_\_
- b) How many times were you late during this past school year? \_\_\_\_\_

### 2. FUTURE PLANS

- a) I plan to:
- enter Workforce  attend Community College  attend Skilled Trades Program  attend University

Name of post secondary Program *(if appropriate)* \_\_\_\_\_

- b) Long-range Career Plans:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**3. EXTRA CURRICULAR ACTIVITIES**

- a) School connected activities: \_\_\_\_\_  
\_\_\_\_\_
- b) Community activities (*list any special skills, courses, certificates, hobbies, interests, teams, etc.*)  
\_\_\_\_\_

**4. APPLICANT'S RESUMÉ - *must be submitted with this application form***

**5. TRANSPORTATION**

As a member of the Student Senate, you will be responsible for your own Transportation (eg. meetings will be held at various locations throughout the Lambton Kent District School Board).

**6. REFERENCES**

a) **Teachers in Support** (*at least three*)

- i) \_\_\_\_\_  
*Name* *Position*
- ii) \_\_\_\_\_  
*Name* *Position*
- iii) \_\_\_\_\_  
*Name* *Position*

b) **Students in Support** (*two*)

- i) \_\_\_\_\_  
*Name* *Position*
- ii) \_\_\_\_\_  
*Name* *Position*

c) **Community Reference** (*one*)

- i) \_\_\_\_\_  
*Name* *Position*

**Application Form**

**7. PROGRAM KNOWLEDGE**

Are you and your parents/guardians aware of the nature of this position:  Yes  No  
 the length, the commitment required, as well as the possible cost?

It is to be understood that completion of this application does not mean acceptance into the position. Information will be used to help determine the most suitable candidates.

**GENERAL EXPECTATIONS OF STUDENT SENATE**

- ◆ To represent himself/herself and the school in a positive manner.
- ◆ To develop and maintain a positive attitude.
- ◆ To fulfill duties diligently.
- ◆ To exhibit punctuality and dependability.
- ◆ To keep matters of business in strict confidence.
- ◆ Review the agenda and be prepared to participate in the meetings.
- ◆ To be courteous to, and considerate of others

**RISK MANAGEMENT POLICY: VEHICLES**

The risk management policy with respect to the driving of owned or non-owned vehicles to or from the meetings, as well as during the co-operative education experience, is outlined as it pertains to students/parents.

1. Transportation to and from meetings is the student's responsibility. Students will receive compensation as outlined in the Regulation for Student Senate.
2. The student is appropriately licensed and insured to drive to meetings.
3. The insurer of the vehicle must respond to any insurance claim.

**STUDENT**

*Personal information on this form is collected under the authority of the Education Act, and will be used to determine eligibility for acceptance as a member of the Student Senate.*

I have read the statement of expectations on this application form and agree to abide by these to the best of my ability.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN**

I hereby give my approval for \_\_\_\_\_ to apply for the Student Senate position.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_