



I understand that prior to my election it is my responsibility to cover the duties of office and requirements with my parents, faculty advisor and school principal including the days I will expect to be out of class with an excused absence.

CANDIDATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL: I have read and understand the information regarding this office and hereby give my unconditional consent to the above-named individual to become a candidate for this position.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ENDORSEMENT OF CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

FACULTY ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

***Please provide this completed form to Walt Roetter, District Administrator,  
422 Meadow Ridge DR, Kerrville, TX 78028 by Feb 10, 2017 .***