



Pine Hills Adventist Academy

K-12 Christian Education

APPLICATION FOR OFFICE

Name _____ Date _____

Office for which you are applying: (Please be specific)

_____ SA Office: _____

_____ Senior Class Office: _____

_____ Junior Class Office: _____

_____ Sophomore Class Office: _____

_____ Freshman Class Office: _____

_____ Club/Organization Office: _____

To the best of my knowledge I meet the eligibility requirements of the office for which I am running and have read the current Student Handbook section on Clubs & Organizations. Should I be elected to office, I understand I must maintain the attendance, academic, and citizenship requirements of my office. I also understand that I am honor bound to resign my office if I am unable to maintain these standards.

Signature of Student

For Office Use Only:

- | | |
|--|----------------------|
| _____ Residency | _____ Citizenship |
| _____ Attendance | _____ Cumulative GPA |
| _____ No incompletes, "D's" or "F"s in previous semester courses at time of application. | |

Verified by: _____