

**Application for Participation on Sioux Falls School District
Attendance Council**

Applicant Name: _____

Address: _____

Phone: _____

Email address (if available): _____

SFSD School/s Work Location (if applicable): _____

Check Category or Categories You Represent:

- | | |
|--|---|
| <input type="checkbox"/> Parent of student/s
attending Sioux Falls Public Schools | <input type="checkbox"/> Elementary Building Administrator |
| <input type="checkbox"/> Community Member | <input type="checkbox"/> Middle School Building Administrator |
| <input type="checkbox"/> Elementary School Social Worker | <input type="checkbox"/> High School Building Administrator |
| <input type="checkbox"/> Middle School Social Worker | <input type="checkbox"/> Special Education Administrator |
| <input type="checkbox"/> High School Social Worker | <input type="checkbox"/> District Early Childhood Administrator |
| <input type="checkbox"/> Elementary Nurse | <input type="checkbox"/> Elementary Counselor |
| <input type="checkbox"/> Middle School Nurse | <input type="checkbox"/> Middle School Counselor |
| <input type="checkbox"/> High School Nurse | <input type="checkbox"/> High School Counselor |
| <input type="checkbox"/> Alternate or Behavior Program Administrator or Counselor | <input type="checkbox"/> District 504 Coordinator |
| <input type="checkbox"/> District Student Support Services Coordinator | |
| <input type="checkbox"/> Other _____ | |

1. Why are you interested in serving on the Sioux Falls School District Attendance Council?

2. What strengths, interests and/or qualifications do you bring to this committee?

3. Given diverse backgrounds and opinions, how do you believe public schools should reach consensus on sensitive topics?

4. Will you be able to attend all of the meetings listed below? Yes or No

Signature of Applicant

Date

Contents of this application are confidential

Purpose of Committee: The Attendance Council is a broad-based standing committee that will meet quarterly for the purpose of:

- Analyzing SFSD data to monitor attendance trends and changes
- Research interventions that should be added to the SFSD pyramid of attendance interventions
- Provide information to building attendance teams through a biannual newsletter
- Ensure current partnerships and dialogues to support attendance with community resources continue
- Explore other partnerships in the community to support student attendance

Directions: Print this application form or contact 367-7689 (IPC) to obtain a copy. Complete the application and return it via mail, school mail or e-mail to:
Maggie Harris
Instructional Planning Center
201 E. 38th Street
Sioux Falls, SD 57105

Maggie.Harris@k12.sd.us

Fax: 605-367-4638

Application Deadline: **The application must be postmarked or delivered by 5 p.m. June 9, 2017.**

The Attendance Council consists of the following members for 2 year rotating terms:
Elementary School Parent of student attending Sioux Falls Public Schools
Middle School Parent of student attending Sioux Falls Public Schools
High School Parent of student attending Sioux Falls Public Schools
Community Members
Elementary Social Worker, Counselor and Nurse
Middle School Social Worker, Counselor and Nurse
High School Social Worker, Counselor and Nurse
Early Childhood Administrator
Elementary Administrator
Middle School Administrator
High School Administrator
District 504 Coordinator
Special Education Administrator
District Student Support Services Coordinator
District Alternative or Behavior Program Administrator or Counselor

The Council meets quarterly and the following are 2017-18 school year meeting dates. The meetings starting at 4:00 p.m. at the Instructional Planning Center

Thursday, September 14, 2017

Thursday, November 16, 2017

Thursday, March 15, 2018

Thursday, May 17, 2018

Selection Process: The Special and Instructional Support Services Departments will review the applications and select the committee members based upon the above positions and the responses on the completed application.