



**BURNABY SOUTH SECONDARY SCHOOL
and
THE BC PROVINCIAL SCHOOL FOR THE DEAF**



SCHOOL LEADERSHIP APPLICATION FORM

Name: _____

Student #: _____

Date: _____ Current Grade: _____

Counsellor: _____

Phone: _____

Parent Signature: _____

Leadership Courses Available

- | | |
|---|---|
| <input type="checkbox"/> BA Leadership-First Aid 11/12 | <input type="checkbox"/> BA Peer Tutoring 11/12 |
| <input type="checkbox"/> BA Leadership-TV & Video 11/12 | <input type="checkbox"/> BA PE Leadership 11/12
(have your PE Teacher initial here: _____) |
| <input type="checkbox"/> BA Leadership 9/10/11/12 (interview to follow) | <input type="checkbox"/> BA Physical Conditioning & Nutrition 11 |
| <input type="checkbox"/> BA Music Leadership 11/12 | <input type="checkbox"/> BA Tech Leadership 10/11/12 |
| <input type="checkbox"/> BA Peer Mentoring 11/12 (interview to follow) | <input type="checkbox"/> BA Yearbook /11/12 |

*Please place a check for all the course(s) for which you are applying.
You MUST hand in a completed form to Student Services.*

What courses are you taking now?

_____ % _____ % _____ % _____ %
 _____ % _____ % _____ % _____ %

1. What interests you about being part of this class?

2. What qualities/characteristics do you have that you can contribute to this class?



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3. What positive impacts have you made on your peer groups in the past? Give real examples related to school life and/or home life?

4. What extra-curricular activities have you been involved with at Burnaby South?

5. What volunteer work have you done that would be of benefit to this class?

6. What kind of job would you like to have in the future?

7. Would you be available before and after school? _____ Yes _____ No

Each applicant requires the recommendations of at least 3 teachers currently on staff at Burnaby South. Please have supporting staff members print and sign their names and provide a brief comment.

1. _____ (teacher name) _____ (teacher signature)

Comment: _____

2. _____ (teacher name) _____ (teacher signature)

Comment: _____

3. _____ (teacher name) _____ (teacher signature)

Comment: _____