## School Organizational Team Student Nomination Form

I,, am su	ubmitting my name for consider	ation as the
student representative for the TMS Schoo	ol Organizational Team (SOT). I u	nderstand that,
if I win the vote, I will be required to atter	nd at least one monthly meeting	g after school
each month for the 2023-2024 school yea	r, this includes the months from	o October
through September (the September meet	ing is not required if the winner	is currently an
8 <sup>th</sup> grade student). I also understand that	I will need to participate with a	committee of
teachers, support staff, parents, and the p	orincipal in providing input on th	e development
and/or implementation of the TMS Schoo	l Performance Plan and the TM	S Budget for the
2024-2025 school year.		
Nominee information:		
Name	Student Number	Grade
·	is form to 0470-SOT@nv.ccsd.net. y 4:00 PM on Wednesday, September 13, 20	23.
Written response to be shared with TMS	staff and students:	
Biographical Information:		
Extra-Curricular Activities:	Favorite Class:	
Favorite non-school activities:		
Career interests:		
Why I want to serve on the SOT:		