



## **Superintendent of Schools**

104 - 5th Avenue South South St. Paul, MN 55075-2332

## Minnesota's First K-12 IB World Schools District

Phone: (651) 457 - 9465 Fax: (651) 457 - 9485 www.sspps.org

## STUDENT SCHOOL BOARD REPRESENTATIVE PARENT/GUARDIAN CONSENT

| The undersigned parent/guardian of   | , states as follows:  |
|--|---|
| (student nar   | ne)   |
| My student has my consent to file the foregoing application nonvoting student member of the South St. Paul School B make this consent based on my assessment of my child's their ability to participate in board activities without harm achievement. I understand that I may withdraw my consedetermine that membership on the School Board is contra | soard for the 2023-24 school year. I interest in serving on the board and aful effect to their academic ent, in writing, at any time that I |
| Parent/Guardian Signature  | Date  |
| Printed Name of Parent/Guardian  |   |
| Phone Number AND Email of Parent/G   | <br>uardian   |