

**TEQUESTA TRACE  
MIDDLE SCHOOL**



**STUDENT GOVERNMENT ASSOCIATION  
(SGA) Grade Level Representative Nomination**

Name: \_\_\_\_\_ Grade : \_\_\_\_\_

**Reason(s) for wanting to be a Representative:**

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**Interests/Activities (Community and School):**

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**As a Representative, I Will:**

- A)** Maintain at least a 2.5 overall grade point average.
- B)** Attend bi-weekly meetings (twice a month) and monthly SAC Meetings after school.
- C)** Report your grade-level peers' suggestions and concerns at the monthly meetings.
- D)** Lead by example by following all school rules and promoting positive attitudes towards our school.

Signature of Representative: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Please Deliver form to Mrs. Natalie Rodriguez ROOM 803**