



CCHS Student Government Organization bylaw agreement:

I have read the SGO Bylaws and understand all the rules and requirements and disciplinary matters regarding membership to the Student Government Organization.

Student Signature

Printed Student Name

Date

Parent / Guardian Signature

Printed Parent / Guardian Name

Date

CCHS Class Office Nomination Form: 2019 – 20 School Year

Name: _____ for the Class of _____

Office: (*circle one*) **President** **Vice President** **Treasurer** **Secretary**

Names of 25 Student Sponsors:

- | | |
|-----------|-----------|
| 1. _____ | 13. _____ |
| 2. _____ | 14. _____ |
| 3. _____ | 15. _____ |
| 4. _____ | 16. _____ |
| 5. _____ | 17. _____ |
| 6. _____ | 18. _____ |
| 7. _____ | 19. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |
| 25. _____ | |

Names of 5 Faculty Sponsors:

1. _____
2. _____
3. _____
4. _____
5. _____