

1215 N. Lava Flow Dr. St. George, Ut $84770\,|$ Office: $435.674.6474\,|$ www.scmiddle.org

Principal: Kyle Rarick

Assistant Principal: Stephen Ord

Email: kyle.rarick@washk12.org
Email: stephen.ord@washk12.org

SCMS Community Council Candidate Form - 2025-26

Serving on the School Community Council

Serving on our School Community Council is a wonderful way for parents/guardians and teachers to contribute and help improve academic performance at our school. The school receives an annual dividend from the school trust lands. Our council decides how these funds will be used. This year our school is estimated to receive approximately \$124,786 from the School LAND Trust Program. The council reviews and prepares other academic plans for our students each year. All plans are reviewed for final approval by our school board. Councils also act in an advisory capacity to school and school district administrations.

Qualifications

Every public school in Utah has a School Community Council. The councils are made up of school employees who are elected by employees and parents/guardians who are elected by parents/guardians of students attending the school. Membership terms are for two years. Elections are held at the beginning of each school year. Parent/Guardian members must have a student attending the school at least one of the two years of their term of service. Employee members must be employed by the school district at the school. This year we expect to have one parent/guardian position open for election. For more information visit www.schoollandtrust.org.

Please fill out EITHER the Parent/Guardian member information OR the Employee member information.

The form is due to the school principal by: Friday, August 15, 2025 at 2:45 pm
The School Community Council Election (if necessary): August 20 – 21, 2025 (8:00 to 3:00 pm at SCMS)





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YES! I would like to serve on the School Community Council.

Parent/Guardian Info	ormation:	
Parent/Guardian Pri	nted Name:	
Phone:	Email:	
I am the parent/guardi	an of the following SCMS stud	dents:
Student Name:		Grade:
Student Name:		Grade:
Student Name:		Grade:
I am also a licensed em	ployee of this school district.	Yes No No
School Employee Info	ermation:	
School Employee Prin	nted Name:	
Phone:	Email:	
Signature:		Date:
(if an election is necess 1. General career/pers 2. Past school and com	sary). Suggested information	living in the community, etc).
*You may provide a pic	ture if you wish to have it inc	luded with the bio.
If you have any question	ns or concerns, please don't l	nesitate to ask.
Thank You,		

