



Please read each section carefully and sign below.

I. Statement of Acknowledgement

I acknowledge submission of this request for membership in my Local School Choice Parent Advisory Council. To my knowledge, all information provided on this request form is accurate and factual. I agree to participate in SCPAC meetings and events that support the local SCPAC in my community.

II. Excerpt from Local SCPAC By-Laws: Conflicts of Interest

Members shall avoid conflicts of interest in regard to all SCPAC activities. No local/state SCPAC member shall at any time seek personal gain or benefit, or appear to do so, from membership on the SCPAC. Any local SCPAC member association with individuals, agencies, and/or organizations that may be directly impacted by activities and/or discussion of the local SCPAC must be declared to the council prior to group vote. As an advisory council extension of an advisory board to a state agency, the local SCPAC is subject to state laws and requirements concerning Government in the Sunshine (Section 286.011, *Florida Statutes*; Article 1, Section 24(b), *Florida Constitution*), Public Records Law (Chapter 119, *F.S.*; Article 1, Section 24(a), *Florida Constitution*), and the Code of Ethics (Chapter 112, *F.S.*; Article II, Section 8, *Florida Constitution*).

Signature of Prospective Member: _____

Print name: _____

Official Use Only

- Review request with team
- Review SCPAC Toolkit
- Scan and e-mail membership request to FDOE SCPAC Coordinator
- Follow-up date: _____
- SCPAC Liaison Initial: _____