



School Advisory Council (SAC) Member Nomination Form 2025-2026

Zephyrhills High School

You may nominate yourself or another person to be included on the SAC ballot.

Nominee's Name: _____

Nominee's Contact Information

Address: _____

Phone Number: _____

email: _____

This nominee would be a representative of the checked peer group:

☐ Parent Name of student(s): _____ Grade(s): _____

☐ Student Student number: _____

☐ Teacher

☐ Education Support Employee

☐ Business/Community Member

Parents, Teachers, Students, and Education Support Employees are elected members of the
SAC.

Monthly Meeting Schedule

- **Frequency:** Once a month
- **Day:** Thursday
- **Time:** 7:45 A.M. – 9:45 A.M.
- **Location:** ZHS Media Center

Important Note:

Attendance is **crucial** as it directly impacts our ability to meet quorum for voting and decision-making.

If you are interested in having this nominee placed on the SAC ballot, please complete and submit this form to the school's front office or email it to cmccaffe@pasco.k12.fl.us by **August 15, 2025**.