

**LOCAL ADMINISTRATION SUPPORT FORM**

The success of an NC FCCLA State Officer is dependent upon strong collaboration between the student, chapter adviser, school administration, and the NC FCCLA state association. By signing this agreement, the local school administrator(s) affirm their understanding of and commitment to supporting the student and adviser should the student be elected to serve as an NC FCCLA State Officer.

**DISTRICT & SCHOOL RESPONSIBILITIES**

If this student is elected to serve as an NC FCCLA State Officer, I agree that our school/district will support the student and adviser by:

- Providing approval for the student and their chapter adviser to attend all required meetings, conferences, trainings, and events associated with the NC FCCLA State Executive Council, as outlined in the NC FCCLA Calendar of Events.
- Financially supporting participation in required state and national FCCLA events as outlined in the NC FCCLA Calendar of Events.
- Acknowledging that the chapter adviser serves as the primary supervisor and designated chaperone for the student during required events, in accordance with district policies and NC FCCLA travel and supervision guidelines.
- Offering guidance and administrative support to the adviser as needed, including assistance with navigating scheduling conflicts, travel approvals, or concerns related to the student's responsibilities or Code of Conduct.
- Supporting communication efforts by keeping appropriate school and district stakeholders informed of the student's leadership activities, travel, and achievements throughout their term of office.
- Recognizing and celebrating the accomplishments of student and chapter adviser within the school or district community through announcements, attendance at events when possible, or other appropriate acknowledgements.
- Assisting the adviser, when appropriate, in fostering positive connections with local community organizations, partners, and stakeholders that support student leadership development and FCCLA initiatives.

**ACKNOWLEDGEMENT**

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**Applicant's** Printed Name

By signing below, I acknowledge my commitment to providing the support outlined above to both the student and chapter adviser if the student is elected to an NC FCCLA State Officer position and throughout the election process as necessary. I understand the time, travel, and financial obligations associated with this role and affirm that the school/district supports the student's participation and the adviser's required involvement. I recognize the importance of this leadership opportunity and commit to ensuring the student and adviser have the administrative backing necessary to fulfill their responsibilities successfully.

**CTE Director****School Principal****School Superintendent**

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 Name (Printed)

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 Name (Printed)

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 Name (Printed)

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 Signature

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