

## SCHOOL COUNCIL NOMINATION FORM

**[Enter School Name Here] School Council  
 Parent/Guardian Nomination Form  
 For the [Insert Year] School Year**

<b>Nominee Information</b>
<b>Name:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Email address, if available:</b>
<b>Describe nominee's experience with schools (Example – he/she has been active in PTA/PTSA, led several committees, has volunteered in the media center or clinic for years, has been on the Citizens Advisory, etc.)</b>
<b>This person and I have discussed the requirements for active participation and the time demands of serving on the School Council.    <input type="checkbox"/> YES        <input type="checkbox"/> NO</b>
<b>He/She has agreed to serve if elected.    <input type="checkbox"/> YES        <input type="checkbox"/> NO</b>

<b>Nominator Information</b>
<b>Name:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Email address, if available:</b>

Send completed nomination forms no later than [Insert Date] to [Insert staff member's name and location].