Participating on the School Governance Council can be a rewarding experience for all those who value the opportunity to make a difference in public education.

School’s name ________________________________

Candidate’s name ______________________________

Child’s name and grade __________________________

Phone Number _________________________________

Email _________________________________________

To represent (Please check one):

☐ Parents
☐ Teachers

☐ I understand that by nominating myself I am committing to:

• Attending up to 6 meetings during this school year
• Working to improve the opportunities for all students in my school
• Learning about the needs of my school community
• Participating in training sessions
• Am committing to a 2 year term

Please provide a brief description of yourself and state why you would like to serve on the School Governance Council.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Candidate’s Signature ________________________________

Please return this form and the Nomination Form to the school office by _____
_________ Date/Time