

SCHOOL GOVERNANCE COUNCIL

CANDIDATE'S INFORMATION FORM

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

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
October 14, 2022

Date/Time

