

---

(Fill in school's name above)

## SBDM Parent Election Ballot

School year:

Vote for \_\_\_\_\_ (how many parents), and indicate your choice by placing a checkmark next to each candidate's name.

**Candidates** (put in alphabetical order)

_____	_____
_____	_____
_____	_____

-----

---

(Fill in school's name above)

## SBDM Parent Election Ballot

School year:

Vote for \_\_\_\_\_ (how many parents), and indicate your choice by placing a checkmark next to each candidate's name.

**Candidates** (put in alphabetical order)

_____	_____
_____	_____
_____	_____