School Council Elections

Schedule 5B: Nomination Form for Parent Member Category

I wish to nominate:					
		• • • • • • • • • • • • • • • • • • • •		for an elected	
position as a parent/guardian representative on the					
				school council	•
Name:					
Residential address:					
Home telephone:	Business telephone:				
Email:		•••••			. •
		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••
I am the parent/guardian ofat this school.		, who	is/are c	urrently enrolle	d
The person I have nominated is the parent/guardian ofwho is/are currently enrolled at this school.		•••••			. .
The person I have nominated is an employee of the Departme	ent of Education and Early C	Childhood	l Develo	pment	
Yes / No (please circle)					
Signature of Nominator		Date	/	/	
CANDIDATE TO COMPLETE:					
I accept the nomination and I am prepared to serve as a Pare declare that I am not an undischarged bankrupt and that I an					
Signature of Candidate		Date		/	
You will be notified when your nomination has been received.					
Personal information provided in this form is collected as part of th may be used to determine the eligibility of a candidate and nomina inspection prior to the commencement of voting or at any time up to included in a list of school council candidates and nominators post-	tor. Your personal informatior o one year from the declaration	may be done of the po	isclosed II. Your r	as a result of name will be	

ballot paper (where applicable).

You can access your personal information by contacting the principal on.....

queries about the school council nomination process, please contact the principal.

You may choose not to give some or all of the information requested; however, your nomination may not be accepted. If you have any