

SCHOOL GOVERNANCE COUNCIL

CANDIDATE'S INFORMATION FORM

Candidate's name _____

Phone Number _____

Email _____

To represent (Please check one):

Parents Child's name and grade _____

Teachers

Business/Community

I understand that I am committing to:

- Attending up to 12 meetings during the 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 the Nomination Form to the school office by _____
Date/Time

INSERT SCHOOL
LOGO HERE