
PINCKNEYVILLE MIDDLE SCHOOL

SCHOOL COUNCIL NOMINATION FORM

_____ I wish to run for an elected position as a parent representative on the school council.

_____ I wish to nominate this person for an elected position as a parent representative on the school council.

Name: _____

Home phone: _____ Work phone: _____

E-mail: _____

Briefly describe your background and why you believe you should serve or your nomination should serve on the school council (use reverse side if necessary).

Candidate's signature if this is a self-nomination

Date

Nominator's signature if nominating another person

Date

Please check all that apply:

_____ I have a child currently attending Pinckneyville Middle School.

_____ I am a business owner. Name of Business: _____

_____ I work in the Greater Atlanta area. Occupation: _____

_____ I am a PTA Executive Officer.

_____ I am an elected city, county, or state official. Office held: _____

Nomination forms due to Pinckneyville Middle School front office by Friday, September 22, 2017