



**PSSC NOMINATION FORM**

**(Please complete and return to the School Principal)**

**PARENT SCHOOL SUPPORT COMMITTEE  
FLORENCEVILLE MIDDLE SCHOOL**

As a parent or guardian of a child in this school or as a parent representative, I wish to become a candidate for election to the ***PARENT SCHOOL SUPPORT COMMITTEE.***

\_\_\_\_\_  
**Candidate's Name**  
*(Print)*

\_\_\_\_\_  
**Candidate's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone Number of Candidate**

**I have been seconded by a parent or guardian of a child in this school.**

\_\_\_\_\_  
**Seconder's Name**

\_\_\_\_\_  
**Seconder's Signature**

**Note:** Candidates may be asked to make a short statement (1-2 minutes) on election night. Candidates are also encouraged to provide information about themselves, and why they are running for election. You can include this information below, or send a separate document, for posting at our school.

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