



PSSC NOMINATION FORM

(Please complete and return to the School Principal)

PARENT SCHOOL SUPPORT COMMITTEE

Name of 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
(Please 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.
