

**ANGLOPHONE WEST SCHOOL DISTRICT  
PARENT SCHOOL SUPPORT COMMITTEE  
ELECTION SUMMARY 2014**

<b>School:</b>
<b>Date of Election:</b>

**PSSC Election Team**

Name – Please Print	Signature

**Election Information**

**Total number of PSSC Member Positions your schools should have: \_\_\_\_\_**

*(Recommendation - less than 200 students = 5 parents; up to 500 students = 6 parents; more than 500 students = 7 parents)*

<b># of Parent Positions to be filled</b>		<b># of Persons Present at this Election</b>	
<b># of Candidates</b>		<b># of Persons Casting Ballots:</b>	

Name of Candidates	# of Votes Cast	Check this box if elected by vote	Check this box if in by acclamation

**Number of Persons Elected by Vote: \_\_\_\_\_ Number elected by Acclamation \_\_\_\_\_**

**Please identify Continuing PSSC Members**


**For Incomplete Election Only:**

**Number of parent member positions that need to be appointed: \_\_\_\_\_**

**We, the undersigned, confirm that the information contained in this form represents a true and accurate summary of the election process held at \_\_\_\_\_ School on \_\_\_\_\_, 2014.**

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Scrutineer) / (Signature of Scrutineer)

**Please complete this form and forward to Carol Clark-Caterini on the day following the election. Thank you!**