

Schedule 5B: Nomination form for Parent member category

I wish to nominate <i>(state name below)</i>
for an elected position as a Parent member on the <i>(school council)</i>

Candidate's details

Name

Residential Address:

Contact phone <i>(mobile or landline):</i>

Email:

I am the parent/guardian of
who is/are currently enrolled at this school.

Statement	Yes <i>(Mark with an x)</i>	No <i>(Mark with an x)</i>
The person I have nominated is an employee of the Department of Education and Training and not engaged in work at and for the school:		

Name of Nominator:

Signature of Nominator

Date:	
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