

**SCHOOL COUNCIL NOMINATION FORM
PARENT MEMBER 2017**

I wish to nominate (print name) _____
for the position of parent member of the School Council.

Nominated by (print name) _____

Signed _____

Seconded by (print name) _____

Signed _____

Accepted by Nominee (print name) _____

Signed _____

Nominations must be received at the School office (via hand or email) by 3pm on 27 February 2017.