

PSSC NOMINATION FORM

NOMINATION FORM
(Complete and return to the Principal)

PSSC ADVISORY COMMITTEE

_____School

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

CANDIDATE'S NAME

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.
