

## Nomination Form for the Glaslyn Central School Community Council

I hereby nominate:

- Name: \_\_\_\_\_ (Please print)
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_ (Optional)

I nominate the above individual as a Representative Parent/Community Member for the Glaslyn Central School Community Council. The Nominee will stand as:

- A parent of a student who is enrolled in Glaslyn Central School.
- An elector that resides within the \_\_\_\_\_ School attendance area.

I am aware of the eligibility criteria for Representative Parent/Community Members, and declare that the nominee is eligible as a Representative Parent/Community Member for the Glaslyn School Community Council.

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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Office Only: Received: Date: \_\_\_\_\_

By: \_\_\_\_\_