

SCHOOL COUNCIL NOMINATION FORM
J. P. MCCONNELL MIDDLE SCHOOL

_____ I wish to run for an elected position as a parent representative on the school council.

_____ I wish to nominate _____ for an elected position as a parent representative on the school council.

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

E-Mail: _____

Name/Grade Level of Children Attending MMS: _____

Briefly describe why this candidate should be on the school council. (Please attach photo.)

Candidate's signature if this is a self-nomination

Date

Nominator's signature if nomination another person

Date

J. P. McConnell Middle... Believe & Achieve!