

---

# PINCKNEYVILLE MIDDLE SCHOOL

## SCHOOL COUNCIL NOMINATION FORM

---

- I wish to run for an elected position as a parent representative on the school council.
- I wish to nominate this person for an elected position as a parent representative on the school council.
- 

Name: \_\_\_\_\_

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

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

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

**Briefly describe your background and why you believe you should serve, or your nomination should serve on the school council (use reverse side if necessary).**

---

---

---

---

---

---

---

---

---

---

---

---

---

*Candidate's signature if this is a self-nomination*

*Date*

---

*Nominator's signature if nominating another person*

*Date*

**Please check all that apply:**

- I have a child currently attending Pinckneyville Middle School.
- I am a business owner. Name of Business: \_\_\_\_\_
- I work in the Greater Atlanta area. Occupation: \_\_\_\_\_
- I am a PTA Executive Officer.
- I am an elected city, county, or state official. Office held: \_\_\_\_\_