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**School Advisory Council (SAC)**

**Member Nomination Form**

**2018-19**

**You may nominate yourself or another person to be included on the SAC ballot.**

**Nominee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Contact information**

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

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This nominee would be a representative of the checked peer group:**

**Parent Name of student(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade(s):\_\_\_\_\_\_\_**

**Student Student number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher**

**Education Support Employee**

**Business/Community Member**

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**Parents, Teachers, Students, and Education Support Employees are elected members of the SAC.**

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**If you are interested in having this nominee placed on the SAC ballot, please complete and submit this form to the school’s front office by August 31, 2018.**