

Form 4: nomination form for parent member category

I wish to nominate (<i>name below</i>)
for an elected position as a parent member on the school council.

Candidate's details

Name
Residential Address:
Contact phone (<i>mobile or landline</i>):
Email:

Nominators details

I am the parent/guardian of (<i>name below</i>)
who is/are currently enrolled at this school.

Statement	Yes (Mark with an x)	No (Mark with an x)
The person I have nominated is:		
an employee of the Department of Education.		
an employee of the school council.		
is engaged in work at and for the school.		

Name of nominator

Signature of nominator

Date:	
-------	--

Candidate to complete

I accept the nomination and I am prepared to serve as a parent member of the above-named school council. I hereby declare that:

- I am not and have not been insolvent under administration within the last three years
- I am of sound mind
- I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
- I am not a registrable offender within the meaning of the *Sex Offenders Registration Act 2004*.

I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.

Signature of candidate

Date:	
-------	--