

Ballot Paper Policy Council Rep

Name of Center _____
Number the boxes from 1 to _____
in the order of your choice.

Number every box to make your vote count

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Place completed ballot paper in the ballot box

Ballot Paper Parent Committee Officer

Name of Center _____
Number the boxes from 1 to _____
in the order of your choice.

Number every box to make your vote count

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Place completed ballot paper in the ballot box

Ballot Paper Parent Committee Officer

Name of Center _____

Number the boxes from 1 to _____
in the order of your choice.

Number every box to make your vote count

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Place completed ballot paper in the ballot box

Name of parent: _____ Name of center: _____

Email address: _____ Cell phone #: _____

Policy council

I am interested in being a policy council member because:

I will be able to participate in monthly policy council meetings in person/telephone conference/both (Circle one).

Families should vote for me because:

Parent Committee Officer

I am interested in being a parent committee officer because:

Families should vote for me because:

I am interested in serving as a parent committee officer:

___ President ___ Vice President ___ Secretary ___ Treasure

I am not interested in policy council. ___

I am not interested in a parent committee officer position. ___