

Hartford Public Schools – School Governance Council Election
Candidate Nomination Form

Important Note: This form must be submitted to the office of the principal of the school in which the candidate is running. FAXED FORMS WILL NOT BE ACCEPTED.
(Please print all information)

School Name: _____

Candidate Type:

Parent/Legal Guardian

Community Resident

Teacher

Student

Candidate Name: _____
First Name Last Name Middle Initial

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone/Cell: _____

This section is only to be completed by candidates for the position of Parent Representative:

How many of your children attend this school? _____

Name of your children: _____

Grade: _____ Room Number: _____

CONFLICT OF INTEREST

Are you related to the principal? ___ Yes ___ No If YES, you CANNOT serve on this SGC.

Do you, your spouse or relatives, or your company do any business with the Board of Education, or the school where you are running? ___ Yes ___ No If YES, explain: _____

I verify that the information contained in this Candidate Nomination Form is true and accurate to the best of my knowledge and belief.

Candidate's Signature: _____ Date: _____

Received by: _____ **Date:** _____ **Time:** _____