

SCHOOL COUNCIL NOMINATION FORM**Allatoona High School School Council
Parent/Guardian Nomination Form
For the 2019-20 School Year**

Nominee Information	
Name:	
Address:	
Telephone Number:	
Email address, if available:	
Describe nominee's experience with schools (Example – he/she has been active in PTA/PTSA, led several committees, has volunteered in the media center or clinic for years, has been on the Citizens Advisory, etc.)	
This person and I have discussed the requirements for active participation and the time demands of serving on the School Council. <input type="checkbox"/> YES <input type="checkbox"/> NO	
He/She has agreed to serve if elected. <input type="checkbox"/> YES <input type="checkbox"/> NO	

Nominator Information	
Name:	
Address:	
Telephone Number:	
Email address, if available:	

Send completed nomination forms no later than Monday October 21st to Jennifer Cappelen at 3300 Dallas Acworth Hwy NW, Acworth 30101 or jennifer.cappelen@cobbk12.org
You may also drop them off in the front office of the school.