PINCKNEYVILLE MIDDLE SCHOOL

SCHOOL COUNCIL NOMINATION FORM

_____ I want to run for an elected position as a parent representative on the school council.

_____ I wish to nominate this person for an elected position as a parent representative on the school council.

Name: _____

Home phone: _____

Work phone: _____

E-mail: _____

Briefly describe your background and why you believe you should serve, or your nomination should serve on the school council (use the reverse side if necessary).

Candidate's signature if this is a self-nomination_____ Date _____

Nominator's signature if nominating another person _____ Date _____

Please check all that apply:

_____ I have a child currently attending Pinckneyville Middle School: _____

_____ I am a business owner. Name of Business: _____

_____ I work in the Greater Atlanta area. Occupation: _____

_____ I am a PTA Executive Officer: _____

_____ I am an elected city, county, or state official. Office held: _____

Nomination forms due to Pinckneyville Middle School front office by: Sep 12,2025