

School Board Election NOMINATION FORM

Parent representative

School Name	AHIPARA
School profile Number	1000

This nomination paper should be posted or delivered to the Returning Officer at Ahipara School, 250 Main Road, Ahipara or PO Box 8, Ahipara, 0449 so that it is received no later than noon on Wednesday, 6th August 2025

Nominator Details

Full Name	
Address/Email	
Phone	
Signature	

NOTE: The nominator must be on the roll for the election, otherwise the nomination is invalid.

Candidate details

Full Name	
Email	
Phone	

Candidate declaration of eligibility

I declare that I have read and understand the ineligibility criteria for school board members, under clauses 9 and 10 of Schedule 23 of the Education and Training Act 2020, and declare that I am eligible to become a board member. I hereby consent to the above nomination and declare that all other information that I have listed on this form is true and correct.

Date	Signature of Candidate

Candidates are requested to complete the following on an optional basis*:

- Gender: Female / Male / Gender Diverse (circle one)
- Previous experience: (tick one)
 - Current representative standing for re-election
 - Current co-opted or appointed board member standing for election
 - Not a current member but have previously been a member of a school board
 - No previous board experience
 - Other
- Ethnicity: Which ethnic group or groups do you identify with? (tick as appropriate)

<input type="checkbox"/> NZ Māori	<input type="checkbox"/> European (Including NZ European/Pākehā)	<input type="checkbox"/> Asian
<input type="checkbox"/> Pacific people	<input type="checkbox"/> Middle Eastern/Latin American/African (MELAA)	<input type="checkbox"/> Other

**This candidate information is collected by the Ministry of Education for statistical purposes only and will not be used in a manner in which you may be identified. This information is not required for valid nomination.*