

Sample Election Ballot

SCHOOL GOVERNANCE COUNCIL

ELECTION BALLOT

School Name

BALLOT FOR PARENT REPRESENTATIVES

Term of Office: MONTH _____ 201____ through
MONTH _____ 201_____.

Please vote for _____ candidate(s) from this role group.
number

Vote by placing an “X” in the column next to your choice(s).

Names (list below)	Vote (mark X)

NOTE: ONLY PARENTS WHO HAVE A CHILD CURRENTLY ATTENDING THIS SCHOOL MAY VOTE FOR PARENT MEMBERS OF THE SCHOOL GOVERNANCE COUNCIL.

Insert your
school logo
here