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**School Advisory Council (SAC)**

**Member Nomination Form**

**2020-21**

**You may nominate yourself or another person to be included on the SAC ballot.**

**Nominee’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Contact information**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This nominee would be a representative of the checked peer group:**

**Parent Name of student(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade(s):\_\_\_\_\_\_\_**

**Student Student number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher**

**Education Support Employee**

**Business/Community Member**

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**Parents, Teachers, Students, and Education Support Employees are elected members of the SAC.**

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**If you are interested in having this nominee placed on the SAC ballot, please complete and submit this form to the school’s front office by August 14, 2020 or email to efernand@pasco.k12.fl.us.**