SLAVENS K-8 SCHOOL
NOMINATION FORM FOR
COLLABORATIVE SCHOOL COMMITTEE (CSC)
PARENT REPRESENTATIVE

Please return this nomination form to the office by Friday, April 11th, 2008 3:00 p.m.

1. Nominee:_____
   If nominating someone other than yourself, please confirm their acceptance and ask them to complete and submit this form.

2. Please write a statement that includes information about yourself and why you would like to be on the CSC. *This statement will be printed on the ballot. Remember, this information is useful, especially for people who don't know you.*

3. CSC Parent Representative responsibilities:
   - ✓ Attend CSC meetings once a month
   - ✓ Attend additional budget meetings in the spring
   - ✓ Support school activities
   - ✓ Participate in CSC subcommittees, as needed

Nominee Signature_____Date_____

Questions? Please call Tamara Barron 3/756-6335, Andrea Gordon3/756-6867 or feel free to speak to any CSC representative.