

2018-2019 Parent Member Nomination Form

Boyle County High School School-Based Decision Making Council

Please return this nomination form to **the school OFFICE no later than 3:30 PM on Friday, May 11th, 2018.**

Your name: _____

Your children who will be at our school next year: _____

Your phone number: _____

Your e-mail: _____

Your mailing address: _____

Your Statement: (Please briefly explain why you want to be on the council in 150 words or less)

To serve on the council, you must meet each of the standards listed below. Please put a check mark next to each one to show that you meet each standard.

_____ My child will attend **Boyle County High School** during **2018-19**.

_____ I am my child's parent, step-parent, or foster parent (or I am the child's legal guardian and the child lives with me).

_____ I am not an employee of **Boyle County High School**.

_____ I do not work at the local school district's central office.

_____ I am not the husband, wife, mother, father, sister, brother, son, daughter, son-in-law, daughter-in-law, aunt, or uncle of any employee of **Boyle County High School**.

_____ I am not the husband, wife, mother, father, sister, brother, son, daughter, son-in-law, daughter-in-law, aunt, or uncle of anyone who works at the local school district's central office.

_____ I am not a member of the local board of education, and neither is my spouse.

Your Signature: _____