

# Hartford Public Schools – School Governance Council Election Candidate Nomination Form

**Important Note:** This form must be submitted to the office of the principal of the school in which the candidate is running. FAXED FORMS WILL NOT BE ACCEPTED.  
(Please print all information)

School Name: \_\_\_\_\_

Candidate Type:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Community Resident |
| <input type="checkbox"/> Teacher               | <input type="checkbox"/> Student            |

Candidate Name: \_\_\_\_\_  
First Name Last Name Middle Initial

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone/Cell: \_\_\_\_\_

---

*This section is only to be completed by candidates for the position of Parent Representative:*

How many of your children attend this school? \_\_\_\_\_

Name of your children: \_\_\_\_\_

Grade: \_\_\_\_\_ Room Number: \_\_\_\_\_

---

### CONFLICT OF INTEREST

Are you related to the principal? \_\_\_ Yes \_\_\_ No If YES, you CANNOT serve on this SGC.

Do you, your spouse or relatives, or your company do any business with the Board of Education, or the school where you are running? \_\_\_ Yes \_\_\_ No If YES, explain: \_\_\_\_\_

---

**I verify that the information contained in this Candidate Nomination Form is true and accurate to the best of my knowledge and belief.**

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

