

National Council on Education
Nomination FORM B
Elected Representatives for Appointment to School Boards

Region: _____

School/College: _____

Address: _____

Telephone No.: _____ Email: _____

Type of Institution: Govt. Owned [] Govt. Leased [] Church [] Trust [] Special []

Name of Group/Organisation	Full name & title of Representative eg. Mr. John Brown/Mrs. Jane Doe	Telephone Number	Email Address(es)	Signature of Representative	Status in Organisation e.g Secretary etc.
Academic Staff					
Administrative Staff					
Ancillary Staff					
Student Council					
Old Students' Association					
Parent Teachers' Association					
Community Group (State which)					

Name of Principal:

Signature of Principal:

Date:

NOTE: Principals are now required to submit supporting documentation as proof of evidence that the representatives were duly elected by the respective groups/associations/organizations.