STS. SIMON AND JUDE SCHOOL
School Advisory Council Nomination Form

Name:_____ Occupation:_____

How many years have you had children enrolled at Sts. Simon and Jude School? _____

In what grades are your children enrolled? (Circle all that apply.)

TYKE K 1 2 3 4 5 6 7 8

I am interested in becoming an active member of the Sts. Simon and Jude School Advisory Council. I understand that this is a 3-year term. The following paragraph briefly states my vision for the school, my previous school-related experiences, and the expertise that I feel I can provide as a board member. ***Portions of this paragraph will be printed on the election ballot that will be sent home to all SSJ families.***

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Signature:_____ Date:_____