

Presidents' Council Election Certification Form

Elections for all Presidents' Council elections must be certified by the Department of Education. This form must be completed and signed by the superintendent or his/her designee (e.g., Family Leadership Coordinator). All mandatory officers are required to provide their contact information accurately and legibly, and must include an email address where they can be contacted. The original signed copy of this form must be retained by the Presidents' Council. A copy of this form must be provided to the superintendent.

District: _____ Borough: _____

Name of Organization (e.g., District X Presidents' Council): _____

Date of Election Meeting: _____

Election Meeting Chair: _____
Must be a parent who is not running for office

Quorum Required for Presidents' Council: _____ # of Eligible Voters in Attendance: _____

Office: **President**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: **Co-President (If applicable)**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: **Recording Secretary**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: **Co-Recording Secretary** (if applicable)

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: **Treasurer**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: **Co-Treasurer** (if applicable)

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

Chancellor's Parent Advisory Committee (if different than President):

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

District Leadership Team Representative (if different than President)

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business/Mobile Telephone: _____

Email Address: _____

I, _____ certify that the above persons named were duly elected to serve as officers of the Presidents' Council of _____. This election was conducted in accordance with Chancellor's Regulation A-660 and the Council's bylaws.

Superintendent's Name (designee) _____

Superintendent's Signature (designee) _____

Election Date _____