



# PA/PTA Election Certification Form

The NYC Department of Education must certify all Parent Association (PAs) and Parent–Teacher Association (PTAs) elections. All newly elected officers must complete this form and have it signed by the principal or designee (e.g., assistant principal). The school’s parent coordinator cannot sign as the principal’s representative.

All mandatory officers are required to provide an email address where they can be contacted by the appropriate Presidents’ Council. Please write accurately and legibly.

Keep an original signed copy of this on file with other PA/PTA documents; and present a copy of this form to the principal of the school.

---

School: \_\_\_\_\_ Borough/District: \_\_\_\_\_

Name of Organization (e.g., PA or PTA of PS XYZ): \_\_\_\_\_

Date of Nomination Meeting: \_\_\_\_\_ Date of Election Meeting: \_\_\_\_\_

Expedited Election?  Yes  No

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

Quorum Required for PA/PTA: \_\_\_\_\_ # of Eligible Voters in Attendance: \_\_\_\_\_

---

Office: **President**

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: **Recording Secretary**

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_



# PA/PTA ELECTIONS

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

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: **Treasurer**

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_



# PA/PTA ELECTIONS

Elección para la Asociación de Padres  
 انتخابات لجمعية الآباء  
 Eleksyon  
 投票 選舉  
 DES PARENTS PA/PTA  
 Выборы в PA/PTA  
 انتخابات الآباء

Office: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Presidents' Council Representative** (if different than President):

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Presidents' Council Alternate** (PA/PTA's voting member to the Presidents' Council in the absence of the Representative):

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ certify that the above persons named were duly elected to serve as officers of the Parent/Parent-Teacher Association of \_\_\_\_\_. This election was conducted in accordance with Chancellor's Regulation A-660 and the Association's bylaws.

Principal's Signature (designee) \_\_\_\_\_ Election Date \_\_\_\_\_

## SLT Election Certification Form for Parent Members

The parent members of the PA/PTA must elect the parent representatives to the School Leadership Team and its election process must be certified by the Department of Education. Complete this form and have it signed by the principal or his/her designee (e.g., assistant principal). The school’s parent coordinator cannot sign this form as the principal’s representative. Elected parent members to the SLT are required to provide their contact information accurately and legibly, and must include an email address to be contacted when necessary. The original signed copy of this form must be retained by the PA/PTA. A copy of this form must be provided to the principal.

School: \_\_\_\_\_ Borough/District: \_\_\_\_\_

Name of Organization (e.g. PA or PTA of PS XYZ): \_\_\_\_\_

Date of Nomination Meeting: \_\_\_\_\_ Date of Election Meeting: \_\_\_\_\_

Expedited Election?  Yes  No

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

Quorum Required for PA/PTA: \_\_\_\_\_ # of Eligible Voters in Attendance: \_\_\_\_\_

Please use the section below to record the names and contact information of the elected parent members to the School leadership Team.

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_



# PA/PTA ELECTIONS

Elección para la Asociación de Padres  
 Eleksyon  
 انتخابات  
 DES PARENTS PA/PTA  
 Выборы в PA/PTA

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ certify that the above persons named were duly elected to serve as parent members of the School Leadership Team of \_\_\_\_\_. This election was conducted in accordance with Chancellor's Regulation A-660 and the Association's bylaws.

Principal's Signature (designee) \_\_\_\_\_ Election Date \_\_\_\_\_