

# Loreto Community School

## Student Council 2019-2020 Nomination Form

Please complete this form stating your name, class/year and you must outline why you would like to be part of the Student Council. All candidates must have nominations from **2 other students in your year**, excluding yourself. Nominations must be proposed by **2 teachers in the school** also.

Please return this form to Ms. Cunningham (Demo Room), or alternatively, email [lorraine.cunningham@loretomilford.net](mailto:lorraine.cunningham@loretomilford.net) with a photo of this form attached, however you must keep the original document.

Candidate: _____	Class: _____	Year: _____
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### Proposers

#### Teachers:

- |                |                  |
|----------------|------------------|
| 1. Name: _____ | Signature: _____ |
| 2. Name: _____ | Signature: _____ |

#### Students:

- |                 |              |                  |
|-----------------|--------------|------------------|
| 1. Name : _____ | Class: _____ | Signature: _____ |
| 2. Name : _____ | Class: _____ | Signature: _____ |

### Why would you like to be part of the Student Council?

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***I wish to be considered as a candidate for the forthcoming Student Council elections.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

