



**SAM BRANNAN MIDDLE SCHOOL
PARENT NOMINATION FORM
SCHOOL SITE COUNCIL
2019-20**

PARENT NAME:

STUDENT NAME:

PHONE: (DAY) _____

(EVENING) _____

By returning this form, I nominate myself for the Sam Brannan Middle School, School Site Council. I authorize the school to include my name on the parent School Site Council ballot.

***Please return to front office. Thank you.**