		School Site (	Council Certificati	ion Form			
School Total number of School S	ite Council m	embers		ESC			
Please complete accordin	g to your sch	ool classification.	Check one below:				
Elementary School     Refer to BUL. 6332.0	•			mbership of <b>ten</b> (10): 1 principal, 3 classroom teachers, 1 other ts or other community members elected by parents.			
<ul> <li>Secondary School Middle/High/Options</li> </ul>	per			nbership of <b>twelve</b> (12): 1 principal, 4 classroom teachers, 1 other school er community members elected by parents and three (3) students elected by			
Other Schools	Mu: or h this	Must have a minimum membership based on the District classification of the school (elementary, middle or high school). <i>Pilot, Span, Special Education Center and Affiliated Charter</i> . Attach additional names to this form as needed.					
Membership on a School ment; however, parity mu ers by their respective gro	ist be mainta	•	•	•	• •		
Orientation held on:		by	and Title	at		_	
	Date	Name	and Title		Location		
Election held on:		_by		at		_	
	Date	Name	and Title		Location		
		PLE	ASE PRINT OR TYPE				
ELEMENTARY			SECONDAR	Y			
Principal:			Principal:				
Teachers: Date election he					held on		
1							
2.			2.				

3.

4.

1.

1.

1. 2. 3.

Verification of By-laws: School Site Council by-laws are District provided. 
□ Yes □ No If alternate by-laws are being used,

\_\_\_\_

\_\_\_

Alternate: \_\_\_\_\_

Date election held on \_\_\_\_\_

eived from ESC 20 Initia	ls

\_\_\_\_\_

\_\_\_\_\_0

\_\_\_\_\_0

Alternate: \_\_\_\_

please submit a copy of the by-laws with this form.

\_\_\_\_\_0

\_\_\_\_\_

Email Address

Email Address

Other School Personnel: Date election held on \_\_\_\_\_

Names of Parents and Community Members Check box (□) if a community member.

Date election held on \_\_\_\_

Please print or type.

Name of Chairperson

Name of Secretary

3.

1.

1.

2.

3.

4.

5.

Alternate: \_\_\_\_

Name of Parliamentarian

Name of Vice-Chairperson

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_□

3. \_\_\_\_\_

Alternate: \_\_\_\_\_

Alternate: \_\_\_\_\_\_

Students: Date election held on \_\_\_\_\_

Other School Personnel: Date election held on \_\_\_\_

Names of Parents and Community Members Check box (□) if a community member.

Email Address

Email Address

nd/or uncils.

,	rs as outlin	ed in the District	e. The school has filed copies of all documentation required for parents, legal gua Guidelines for Required School and Central Advisory Committees and School	
Principal's Signatur	е		Council Chairperson's Signature	
PACE Administrator	's Signature	2	Date Submitted	
PCSB Office use only	20	Initiala	Completed Incomplete Dated Returned to FSC	