School Board Election NOMINATION FORM

Parent representative

School Name	KAPAKAPANUI	
School profile Numb	er 2871	
23 Rimu Street, Waik PO Box 317, Waikana returningofficer@kks.	e 5250 or	
Full Name		
Address/Email		
Phone		
Signature		
	ust be on the roll for the election, otherwise the non	nination is invalid.
Candidate details		
Full Name		
Email		
Phone		
Candidate declaration	n of eligibility	
9 and 10 of Schedule	ead and understand the ineligibility criteria for s 23 of the Education and Training Act 2020, an ereby consent to the above nomination and d m is true and correct.	nd declare that I am eligible to become
Date S	ignature of Candidate	
'		
indidates are requested	to complete the following on an optional basis*:	
Gender:	Female / Male / Gender Diverse	(circle one)
Previous experie	ice:	(tick one)
·	entative standing for re-election	
·	ed or appointed board member standing for el	
	nember but have previously been a member o	of a school board □
No previous board experience		
Other		
Ethnicity: hich ethnic group or c	roups do you identify with?	(tick as appropriate)
NZ Māori	☐ European (Including NZ European/Pāl	
Pacific people	☐ Middle Eastern/Latin American/African	

*This candidate information is collected by the Ministry of Education for statistical purposes only and will not be used in a manner in which you may be identified. This information is <u>not</u> required for valid nomination.