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Nomination for Cairns State High School Council elected member.

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| --- | --- |
| Role (Parent/carer, staff, student) |  |
| First Name |  |
| Last Name |  |
| Address |  |
| Suburb |  |
| Postcode |  |
| Phone |  |
| Mobile |  |
| Email |  |
| Student Name (for parent/carers) |  |

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| --- | --- | --- |
| Elected Position | Eligibility | Nomination (please tick) |
| Staff | All persons on staff at the school, with the exception of the Executive Principal. |  |
| Parent/Carer | All parents of current children at the school with the exception of the P&C President |  |

I agree to be bound by the constitution of the school council. I agree to work within the boundaries of the *Education (General Provisions) Act 2006*. I agree to be bound by the Code of conduct for school councils. I hereby state that I have not been convicted of an indictable offence.

Signature: ........................................................................................................

Date: .........................................................................................................