ALIEF INDEPENDENT SCHOOL DISTRICT
DISTRICTWIDE EDUCATIONAL IMPROVEMENT COUNCIL

NOMINATION FORM

Nominee: _____
Last First Middle Initial

Name as it will appear on ballot: _____

Position with District: _____

Representative grouping on council: _____

Campus assignment: _____

Name (Please Print)	*Signature	Position
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I hereby voluntarily accept this nomination to serve on the Districtwide Educational Improvement Council.

_____ _____
Signature of Nominee Date

* See BQA(LOCAL) for information about who may sign a nomination form.