School Board Election NOMINATION FORM

Student representative



School Name	Howick College
School profile Number	087

Officer at election	ns@howick	I be delivered to the Howick College Studen school.nz so that it is received no later than	n 12pm on '	Tuesda	ay 3 Sept	<u>tember</u>	
		ent of no more than 400 words should by the close of nominations.	i also be s	submitte	ea by ei	maii to	
Nominator Det		,					
Full Name							
Address/Email							
Phone							
Signature							
NOTE: The nomina	ator must be	on the roll for the election, otherwise the nomina	ation is invali	d.			
Candidate det	ails						
Full Name							
Email							
Phone							
Candidate decla		::la:!!:4					
		d understand the ineligibility criteria for sch					
Date	Signatu	e of Candidate					
Candidates are requ	ested to com	plete the following on an optional basis*:					
. Gender:	Fem	ale / Male / Gender Diverse	(0	(circle one)			
2. Previous exp	Previous experience:			(tick one)			
 Current re 	Current representative standing for re-election						
 Current c 	Current co-opted or appointed board member standing for election						
 Not a cur 	rent membe	r but have previously been a member of a	school boar	rd 🗆	l		
No previous board experience							
Other					l		
3. Ethnicity: Vhich ethnic group	or groups	do you identify with?	(1	tick as a	appropria	te)	
□ NZ Māori		European (Including NZ European/Pākeh	•		Asian	-,	
☐ Pacific peop	le 🗆	Middle Eastern/Latin American/African (M	•		Other		
		ected by the Ministry of Education for statistical	,	ly and w		used in a	

manner in which you may be identified. This information is <u>not</u> required for valid nomination.