National Council on Education Nomination FORM B

Elected Representatives for Appointment to School Boards

School/College			
Address			
Type of Institution: Gov	t. Owned [] Govt. L	eased [] Church []	Trust [] Special []
Name of Organisation	Full name of Representative	Signature of Representative	Status in Organisation e.g Secretary etc.
Academic Staff			
Administrative Staff			
Ancillary Staff			
Student Council			
Past Students' Association			
Parent Teachers' Association			
Community Group (State which)			
Name of Principal		•••••	
Signature of Principal		•••••	
Date		•••••	