

P.O. Box 35444
Louisville, KY 40232-5444
(502) 485-3535 office



319 South 15th Street
Louisville, KY 40203
www.15thDistrictPTA.org

Nomination for Parent Representative to the Screening Committee for Superintendent Search

Name: _____

Address: _____ **Zip Code:** _____

Telephone Numbers: _____

Parent/Guardian at: _____ **School** _____

Please give an account of why you want to serve on the Screening Committee:

What qualities do you see for hiring a new superintendent?

Please give a short biography of yourself, giving voters an idea why you should be elected to this committee:

I nominate myself to be a candidate for the Parent for Superintendent Representative for the Screening Committee Search.

Signature: _____ **Date:** _____

***Please include a picture of yourself for your biography. ***return by May 1st, 2017**