



**Eudunda
Area School**

GOVERNING COUNCIL NOMINATION FOR ELECTION FORM

I, _____ (first & last name)

of _____ (address)

Signed _____ Date _____

Nominate:

_____ (first & last name)

of _____ (address)

to be elected as a member of Eudunda Area School Governing Council.

I, _____ (first & last name)

of _____ (address)

accept the nomination and hereby declare that:

- I have not been declared bankrupt and do not receive a benefit of a law for the relief of insolvent debtors
- I have not been convicted of any offence of dishonesty, or of a sexual nature involving a minor, or of violence against any person.
- I understand that should I be declared bankrupt, receive a benefit of law for the relief of insolvent debtors or be convicted of any of the offences listed, my membership of

Eudunda Area School Governing Council will cease.

Signed _____ Date _____