

Nomination Form, Student Council President and Student Council Vice President, Nelson High School

To the students of Nelson High School,

The Nelson High School Student Council has just recently passed it's election policy for the positions of President and Vice President. These elected individuals are responsible for the proper functioning of the Student Council and all its responsibilities to the students of Nelson. To begin, please indicate which position you will be running for;

- President** of the Student Council **Vice President** of the Student
Council

The election procedure (the second document in your nomination package) will inform you of all voting, election, campaign, and other procedures that will be active during the length of the campaigning period.

Some reminders about the election; There are TWO separate elections happening at the same time; one for President, and one for Vice President. This means the person who wins the most votes in the Presidential race wins the Presidency, and the person who wins the most votes in the Vice Presidential race wins the Vice Presidency.

The election date will be **Thursday May 24th of 2018, during period 3**. To vote, all voters must be current Nelson High School students and have their student ID card to submit their ballot at the designated voting area.

This nomination form must be completed and **handed in by Thursday May 10th**, two weeks before the election date to the Chief Elections Officer.

We encourage all persons interested in running for a position on the Student Council to do so, and we wish you the best of luck!

Signed,

Connor Clark, Incumbent Student Council President
Rebecca Qiu, Incumbent Student Council President
Kaden Lashley, Chief Elections Officer

**Nomination Form, Student Council President and Student Council Vice
President, Nelson High School**

Please fill in all necessary paperwork BEFORE announcing your campaign and after May 1st, disqualification may apply.

What is your name? _____

What grade are you in? _____ Have you been on Student Council Before? Y N

Do you have any special skills or interests which qualify you to become an elected member of the Student Council?

Please indicate your mission (a campaign statement) in running for in the Student Council elections;

When finished this document, please submit to KADEN LASHELY, Chief Elections Officer of the Incumbent Student Council for filing.

**Nomination Form, Student Council President and Student Council Vice
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TEACHER NOMINATION FORM

What is your name? _____

What is the candidate's name? _____

How long have you known the student? (Please circle)

1 year

2 years

3 years

4 or more years

In what capacity do you know the student? (Please circle)

Teacher

Coach

Support Staff

Other Staff

Please rate the student on the following criteria:

Self-Regulation	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Responsibility	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Collaboration	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Initiative	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Organization	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Leadership Ability	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

Please explain why you personally support the candidate:

Please sign and date;

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Leadership Committee/Club/Organization Form

What is your name? _____

What is the candidate's name? _____

What Student-led club are you part of? _____

How long have you known the student? (Please circle)

1 year

2 years

3 years

4 or more years

Please rate the student on the following criteria:

Self-Regulation	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Responsibility	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Collaboration	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Initiative	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Organization	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Leadership Ability	Inadequate <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

Please explain why you personally support the candidate:

Please sign and date;
