

Northview High School Local School Council

Council Member Nomination Form

Name _____ Home Phone _____ E-mail _____

Address _____
Street City Zip Code

Child(ren)'s Name(s) & Grade(s) _____

Please enter my name as a nominee for the following LSC position:

Parent Representative

What is your interest in serving on the NHS Local School Council?

List your involvement in community and/or school activities:

**Return this form to: Mr. Peter Zervakos, Principal
Northview High School
10625 Parsons Road
Duluth, Georgia 30097
Email: Zervakos@fulton.k12.ga.us**

***Nomination forms must be received in the Northview
front office no later than 5:00 pm on September 10, 2007.***