

# School Community Council Members

Date:	Student Rep. (**if high school):
School Name:	Student Rep. (**if high school):
Principal:	
Teacher Rep.:	

**List of Representative Members:**

Name	Officer (i.e. Chair, Treasurer, secretary)	Parent	Non Parent	Member at Large	Mailing Address	Email Address
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*Please complete immediately after elections and return to NESD Melfort Office - Attention: Triki Zenner*