

**Stuyvesant High School Parents' Association
Officers & School Leadership Team (SLT) Class Reps Application**

I am interested in elected office in the Parents' Association

Parent's Name: _____

Child's Full Name: _____ Grade: _____

Parent's telephone (day): _____ Evening: _____

Parent's email: _____

Positions I would like to serve in:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Qualifications/concerns/past experience: _____
(or you may attach a separate sheet)

Please clip this form and mail to:
Annual PA Elections Nominating Committee
Stuyvesant High School Parents' Association
345 Chambers Street, Room 271
New York, NY 10282