

OFEA PA/PTA Election Certification Form

Martine Guerrier
 Chief Family
 Engagement Officer

Elections for all Parent Associations (PAs) and Parent-Teacher Associations (PTAs) must be certified by the Department of Education. This form must be completed and signed by the Principal or his/her designee (e.g., Assistant Principal). The school's Parent Coordinator may not be the Principal's designee. The original signed copy of this form must be maintained on file in the principal's office. A copy of this form must be provided to the PA or PTA. Copies of this form must also be forwarded to OFEA central engagement staff and the appropriate superintendent's office.

School: _____ Borough/District: _____

Name of Organization (e.g., PA or PTA of PS XYZ): _____

Date of Nomination Meeting: _____ Date of Election Meeting: _____

Expedited Election? Yes No

Election Meeting Chair: _____
must be a parent who is not running for office

Quorum Required for PA/PTA: _____

of Eligible Voters in Attendance: _____

Elected PA/PTA Officers

Principal: please include all requested information for each incoming officer.

Office: **President**

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

Office: **Recording Secretary**

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:



49 Chambers Street,
 Rm 503
 New York, NY 10007

OFEA@schools.nyc.gov

(212) 374-2323 #tel
 (212) 374-0076 #fax

Office: **Treasurer**

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

Office: **Co-President (if applicable):**

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

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Office: **Co-President (if applicable):**

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

Office: _____

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

Office: _____

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

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Name: _____

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Office: _____

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

District or Borough Presidents' Council Representative:

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

District or Borough Presidents' Council Alternate (PA/PTA's; voting member to the Presidents' Council in the absence of the Representative):

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate Presidents' Council. home telephone: email address:

Principal/Designee's Name: _____

Principal/Designee's Signature: _____

Date Signed: _____

School Leadership Team: Elected Parent Members:

Please use the section below to record the names and contact information for parent members elected to the School Leadership Team

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate District Leadership Team. home telephone: email address:

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate District Leadership Team. home telephone: email address:

Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

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Name: _____

Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

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Name: _____

Address: _____ Borough: _____ Zip: _____

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Name: _____

Address: _____ Borough: _____ Zip: _____

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Address: _____ Borough: _____ Zip: _____

Home Telephone: _____ Business Phone: _____

E-mail: _____

By initialing the boxes, I authorize OFEA to release my home telephone number and email address to the appropriate District Leadership Team. home telephone: email address:

Principal/Designee's Name: _____

Principal/Designee's Signature: _____

Date Signed: _____