

## PA/PTA Election Certification Form

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 cannot sign this form as the principal’s representative. All mandatory officers are required to provide their contact information accurately and legibly, and must include an email address where they can be contacted. The original signed copy of this form must be retained by the PA/PTA. A copy of this form must be provided to the principal.

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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: \_\_\_\_\_

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Office: **President**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: **Recording Secretary**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: **Co-Recording Secretary** (if applicable)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: **Treasurer**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Presidents' Council Representative** (if different than President):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Presidents' Council Alternate** (PA/PTA's voting member to the Presidents' Council in the absence of the Representative):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ certify that the above persons named were duly elected to serve as officers of the Parent/Parent-Teacher Association of \_\_\_\_\_. This election was conducted in accordance with Chancellor's Regulation A-660 and the Association's bylaws.

Principal's Signature (designee) \_\_\_\_\_ Election Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SLT Election Certification Form for Parent Members

The parent members of the PA/PTA must elect the parent representatives to the School Leadership Team and its election process 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 cannot sign this form as the principal's representative. Elected parent members to the SLT are required to provide their contact information accurately and legibly, and must include an email address where they can be contacted. The original signed copy of this form must be retained by the PA/PTA. A copy of this form must be provided to the principal.

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: \_\_\_\_\_

Please use the section below to record the names and contact information of the elected parent members to the School leadership Team.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ certify that the above persons named were duly elected to serve as parent members of the School Leadership Team of \_\_\_\_\_. This election was conducted in accordance with Chancellor's Regulation A-660 and the Association's bylaws.

Principal's Signature (designee) \_\_\_\_\_ Election Date \_\_\_\_/\_\_\_\_/\_\_\_\_