**FORM 4**





**2024 GOVERNING BODY ELECTIONS**

**RESULT SLIP OF ELECTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF ELECTION** | **PARENT** |  |  **EDUCATOR** |  |
|  |  |  |  **NON-EDUCATOR** |  |

**NAME OF SCHOOL:**

**EDUCATION DISTRICT: CIRCUIT:**

|  |  |
| --- | --- |
| **DATE OF ELECTION** |  |

|  |  |  |
| --- | --- | --- |
| **No.** | **NAME AND SURNAME OF CANDIDATES (MOST TO LEAST VOTES)** | **NUMBER OF VOTES** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |

**TOTAL NUMBER OF ELIGIBLE VOTERS:**

**TOTAL NUMBER OF VOTES CAST: REJECTED BALLOTS:**

**THE QUORUM AMOUNT FOR THIS SCHOOL (PARENT ELECTION): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SCHOOL ELECTORAL OFFICER:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF SCHOOL ELECTORAL OFFICER DATE**

**This form must be completed by the school electoral officer and submitted to the district electoral officer at least 2 days before the first election at the school.**