**CSC Voting Ballot**

(Insert Name of Your School)

(Date)

Please vote for <insert number of representatives> <insert position> representative(s) for the CSC Team vacancies. Any ballot with more than <insert number> nominees checked will be disregarded.

Ballots may be returned with your child or to the main office no later than <insert election date>.

|  |  |  |
| --- | --- | --- |
| **VOTE** | **NAME** | **INFORMATION ABOUT CANDIDATE** |
| **☐** | <insert nominee> |  |
| **☐** | <insert nominee> |  |
| **☐** | <insert nominee> |  |
| **☐** | <insert nominee> |  |