

# OFEA Presidents' Council Election Certification Form

**Martine Guerrier**  
 Chief Family  
 Engagement Officer

Elections for all Presidents' Councils must be certified by the Department of Education. This form must be completed and signed by the superintendent or his/her designee (e.g., District Family Advocate). The original signed copy of this form must be maintained on file in the superintendent's office. A copy of this form must be provided to the Presidents' Council. A copy of this form must also be forwarded to OFEA central engagement staff on or before October 1st of each year.

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Borough/District: \_\_\_\_\_

Name of Organization (e.g., PC of District X): \_\_\_\_\_

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 PC: \_\_\_\_\_

# of Eligible Voters in Attendance: \_\_\_\_\_

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### **Elected Presidents' Council Officers**

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

Office: **President**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

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

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Office: **Recording Secretary**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

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49 Chambers Street,  
 Rm 503  
 New York, NY 10007

[OFEA@schools.nyc.gov](mailto:OFEA@schools.nyc.gov)

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

Office: **Treasurer**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

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home telephone:

email address:

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

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

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

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

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email address:

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

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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email address:

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

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email address:

**Grievance Review Committee Representative:**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

**Grievance Review Committee Representative:**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

**Grievance Review Committee Representative:**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

**Grievance Review Committee Alternate:**

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

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

Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ PA/PTA Represented (e.g., PA of PS XYZ): \_\_\_\_\_

**Superintendent/Designee's Name:** \_\_\_\_\_

**Superintendent/Designee's Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_