



PA/PTA Election Certification Form

The NYC Department of Education must certify all Parent Association (PAs) and Parent–Teacher Association (PTAs) elections. All newly elected officers must complete this form and have it signed by the principal or designee (e.g., assistant principal). The school’s parent coordinator cannot sign as the principal’s representative.

All mandatory officers are required to provide an email address where they can be contacted by the appropriate Presidents’ Council. Please write accurately and legibly.

Keep an original signed copy of this on file with other PA/PTA documents; and present a copy of this form to the principal of the school.

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: _____

Office: **President**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

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

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Office: **Recording Secretary**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____



PA/PTA ELECTIONS

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

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Office: **Treasurer**

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

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

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____



PA/PTA ELECTIONS

Election para la Asociación de Padres Eleksyon 投票 投票 DES PARENTS PA/PTA Выборы в PA/PTA انتخابات

Office: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Presidents' Council Representative (if different than President):

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

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: _____

Preferred Phone #: _____ Alternate Phone #: _____

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. Complete this form and have it 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 to be contacted when necessary. 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: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____



PA/PTA ELECTIONS

Elección para La Asociación de Padres
 Eleksyon
 انتخابات
 Выборы в РА/РТА
 DES PARENTS PA/PTA

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

Name: _____

Street Address: _____ Borough: _____ Zip: _____

Preferred Phone #: _____ Alternate Phone #: _____

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 _____