

**Hull Middle School Council**  
**Parent Candidate Information**

**Please print all information.**

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

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

**Please explain why you are interested in becoming a member of Hull's School Council:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please note: Above statement will be printed on ballot.)

**Please return form no later than Monday, August 31, 2009 to:**

**Hull Middle School**  
**1950 Old Peachtree Road**  
**Duluth, GA 30097**

**Fax: 770-232-3203**