



Lenasia Muslim School

The seeking of knowledge is compulsory upon every muslim

Contact No: (011) 857-1220/1/2/3 or (011) 857-1062 | Fax: (011) 857-1365
 High School: lmshigh@lenasiamuslimschool.co.za
 Primary School: lmsprimary@lenasiamuslimschool.co.za
 Accounts: lmsaccounts@lenasiamuslimschool.co.za
<http://lenasiamuslimschool.co.za>

Parents' Association

NOMINATION FORM:

Please note completed Nomination Forms together with the Acceptance of Nomination Forms must be placed in the Nominations Box at the Lenasia Muslim School by 14H30 (2.30 p.m.) on Tuesday 14th February 2017

A separate Acceptance of Nomination Form must be completed by each person being nominated.

Parent / Guardian doing the Nomination:

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

Parent / Guardian Seconding the Nomination:

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

Parent / Guardian being Nominated (maximum of five):

1.

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

2.

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

3.

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

4.

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		

5.

Title and Full Name:		
Child / Wards Full Name and Grade:		
Address:		



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ACCEPTANCE OF NOMINATION FORM:

I, being nominated by:

Full Name of Person doing the Nomination:	
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Do hereby accept the Nomination:

SIGNATURE:

DATE:

I have a Child / Ward in Grade: and his / her name is:

My brief details are:

Title and Full Name:	
Qualifications, if any:	

Details of Community Service or Work Experience not exceeding 100 words:

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Please note that this information will be made available to all Parents / Guardians at the Meeting before the voting as an introduction to the candidate.