Alaska Migrant Education Parent Advisory Council (PAC) Nomination Form

Term of Nomination: **July 1, 2024 through June 30, 2027**

# General Information

Nominating District:

Name of Nominee:

Phone Number of Nominee:

Email Address of Nominee:

The nominee is a (select all that apply):

 [ ]  Parent or guardian of a currently eligible migratory child. AK Student ID #:

 [ ]  Community member

 [ ]  Instructional aide

 [ ]  Other (please specify):

# Describe Why the District has Nominated the Above Individual to the State PAC

# District Assurances

We endorse this nominee to the State PAC. If the nominee is selected, our district will assist them in fulfilling their role as a State PAC member. We assure that our district will provide support and assist the nominee in making travel plans to attend required PAC meetings.

Migrant Coordinator Signature: Date:

Superintendent Signature: Date:

# Nominee Assurances

I agree to serve on the State PAC for the full term, if selected. This duty entails being a parent representative for the districts in my region, attendance at PAC meetings in Anchorage, and participation in other audio conferences as needed.

Nominee Signature: Date:

**Return Completed Forms to:**

Felicia Wells

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