ANGLOPHONE SOUTH SCHOOL DISTRICT

SCHOOL NAME:

PARENT SCHOOL SUPPORT COMMITTEE MEMBERS - [2022-2023]

PLEASE COMPLETE AND RETURN TO:

susan.cunningham@nbed.nb.ca

Note: Please ensure that ALL columns are completed. Thank you.							
NAME OF PSSC	COMPLETE	DAYTIME	E-MAIL ADDRESS:	YEAR ELECTED	INDICATE	Indicate	
MEMBER:	MAILING	PHONE		and	CATEGORY	Chair-	
	ADDRESS:	NUMBER:		LENGTH OF	OF	person by	
				TERM:	MEMBERSHIP:	а	
						checkmark	
					(P) Parent	(√)	
					(C)Community (T) Teacher		
					(S) Student		

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NAME OF PSSC MEMBER:	COMPLETE MAILING ADDRESS:	<u>DAYTIME</u> <u>PHONE</u> <u>NUMBER</u> :	E-MAIL ADDRESS:	YEAR ELECTED and LENGTH OF TERM:	INDICATE CATEGORY OF MEMBERSHIP: (P) Parent (C)Community (T) Teacher (S) Student	Indicate Chair- person by a checkmark (√)

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	ADDRESS:	<u>NUMBER</u> :		LENGTH OF	<u>OF</u>	person by	
				TERM:	MEMBERSHIP:	а	
					(D) Parent	checkmark	
					(P) Parent (C)Community	(√)	
					(T) Teacher		
					(S) Student		