

**Local School Council (LSC)
Abbotts Hill Elementary School Nomination Form
For Business Partner**

Business Name: _____

Candidate's Name: _____

Phone Number: _____ **Cell Number:** _____

E-Mail: _____

Candidate's Signature: _____ **Date:** _____

Check all that apply:

Do you have a student enrolled at Abbotts Hill?

_____ **Yes (Student's Name)** _____

_____ **No**

Are you an employee of the Fulton County Board of Education? _____

Date: _____

WE NEED YOU!

Please include a brief description about yourself and your relationship with the school.

Please return this form to Dr. Stabler on or before Friday, October 9, 2009. You may fax it to Dr. Stabler's attention at 770-664-2864.