

# JOINT/BRACKET NOMINATING PETITION FOR ANNUAL SCHOOL ELECTIONS

Certain County Clerks require the use of a County specific nominating petition. Please note that the Governor signed into law (S-2433/A-4037) that allows for an electronic process for the collection of petition signatures and their submission for elections during the duration of the COVID-19 public health emergency. School Board candidates should check with their respective County Clerk about filing requirements. Please contact your County Clerk for details.

To: \_\_\_\_\_, County Clerk of \_\_\_\_\_ County.

## NOMINATING STATEMENT:

I, the undersigned, am a qualified voter of the \_\_\_\_\_ School District of \_\_\_\_\_ (Municipality) in \_\_\_\_\_ (County), New Jersey. I hereby endorse the following as candidates for membership on the above named Board of Education and I hereby request that the names of said candidates be printed on the official ballot to be used at the ensuing election for the Board of Education to be held \_\_\_\_\_.

## Candidate One:

_____ (Name)*		
_____ Residential Address	_____ City	_____ Zip Code
_____ Post Office Address	_____ City	_____ Zip Code
_____ Email Address**		_____ Telephone
Term of Office: (Select One)* ____ Full Term ____ Unexpired Term ____ Number of Years		

\*Required pursuant to N.J.S.A. 19:60-5 \*\*Required pursuant to N.J.S.A. 19:3-4

## Candidate Two:

_____ (Name)*		
_____ Residential Address	_____ City	_____ Zip Code
_____ Post Office Address	_____ City	_____ Zip Code
_____ Email Address**		_____ Telephone
Term of Office: (Select One)* ____ Full Term ____ Unexpired Term ____ Number of Years		

\*Required pursuant to N.J.S.A. 19:60-5 \*\*Required pursuant to N.J.S.A. 19:3-4

**Candidate Three:**

(Name)* _____		
Residential Address _____	City _____	Zip Code _____
Post Office Address _____	City _____	Zip Code _____
Email Address** _____	Telephone _____	
Term of Office: (Select One)* ____ Full Term ____ Unexpired Term _____ Number of Years		

\*Required pursuant to N.J.S.A. 19:60-5 \*\*Required pursuant to N.J.S.A. 19:3-4

**Candidate Four:**

(Name)* _____		
Residential Address _____	City _____	Zip Code _____
Post Office Address _____	City _____	Zip Code _____
Email Address** _____	Telephone _____	
Term of Office: (Select One)* ____ Full Term ____ Unexpired Term _____ Number of Years		

\*Required pursuant to N.J.S.A. 19:60-5 \*\*Required pursuant to N.J.S.A. 19:3-4

**Designation:** (Optional. No more than three words that convey the principles which the candidate represents, but no designation may contain the name, or a derivative or any part thereof, used as a noun or an adjective, of any political party that is entitled to participate in a primary election.)

**SIGNATURE SHEET:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Residence Address (Number, Street, City, Zip Code)