New York City Administration for Children's Services

Division of Early Care and Education

Election Attendance Sheet

Delegate Agency Site Parent Committee, Delegate Agency Policy Committee/Council and Area Representative Elections Only

Delegate Agency _____ Date _____

Site Address_____

Parent Election Coordinator _____E-Mail _____Tel:_____

Election Held:

- ❑ **Delegate Agency <u>Site</u> Parent Committee**
- ❑ **Delegate Agency Policy Committee/Council**
- ❑ **Local Area Representative**

Class/Site Representative Name (please print)	TITLE	Site Address	Which classroom were you elected to represent?	DA Use Only: Check (✓) Parents Eligible to Vote

Please maintain a copy of the meeting notice (i.e. flyer, letter or poster) with a copy of the agenda and Election Minutes on file in your program.