

Nomination for Appointment to Christina School District Board of Education NOMINATING DISTRICT F

First Name:	Middle Initial:	Last Name:
Street Address:		
City, State, Zip:		
Phone Number:		
Place of Employment:		
Work Phone Number:		
Do you hold a paid position tha engaged in business with the d	_	ons of the Christina Board of Education or
Have you ever been convicted of embezzlement of public money, bribery, perjury, or other infamous crime?		
	round check process with the Depa f the background check is time-stam	
I confirm that the informa	ation provided in this document is tr	ue and accurate.
Signature:	Date:	
Return by Friday, November 7, 2025, to:	Christina School District ATTN: Public Information Off 1899 S. College Avenue, New	
or email to:	boardvacancy@christina.k12	de.us
Internal Use Only: Date and Ti		
Date:		