Candidate Petition
County School Board Candidate - Nonpartisan

TO ELECTION COMMISSION of ___________________________ County:
We, the undersigned qualified electors of ___________________________.
(County/District name and number, as applicable)
State of Mississippi, hereby petition that the name of ___________________________ be
placed upon the ballot of the ___________________________ election to be held on ________________, 20______,
(General/Special)
as a candidate for the office of COUNTY BOARD OF EDUCATION, DISTRICT ____________.

1. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

2. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

3. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

4. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

5. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

6. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

7. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

8. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

9. SIGNATURE ___________________________ Printed Name ___________________________
   Address ____________________________________________________________
   Precinct ___________________________________________________________

10. SIGNATURE ___________________________ Printed Name ___________________________
    Address ____________________________________________________________
    Precinct ___________________________________________________________

Copy this form for succeeding pages.
The appropriate county registrar must certify signatures on this form.
The opening paragraph of each page of signatures MUST include:
(1) The name of the candidate, (2) office sought, AND (3) date of the election.

This petition shall be used only for candidates whose district falls wholly within one county.