



ABC SCHOOL COUNCIL PARENT ELECTION
NOMINATION FORM

Please complete and return to ABC School by.....

- I wish to nominate _____ for the School Council.
- I wish to self-nominate for the School Council.

Name _____

Address _____

Phone: _____

E-mail: _____

I am the parent of the following student(s) at _____ School:
Student: _____ in Grade: _____ Class: _____
Student: _____ in Grade: _____ Class: _____
I am an employee of the Toronto District School Board: ____ Yes (or) ____ No
I agree to have my name listed on the School Council bulletin board for election purposes. __ Yes __ No

Nominee Name

Signature

Nominator Name (Please Print)

Signature

Please include a brief description of your skills/interest. You will be notified when your nomination has been received.

[Large empty rounded rectangular box for description]